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ABSTRACT

The goal of this guide is to provide Massachusetts teachers of visually impaired students with an opportunity to increase the quality of evaluation procedures through a more consistent approach to assessment and to provide a means of recording the outcomes of such assessment procedures in more meaningful ways. The guide covers basic elements fundamental for determining necessary specialized instruction and support for visually impaired pupils. These include: procedures for collecting pre-referral information; procedures for determining the specific areas to assess; a list of 62 assessment instruments/procedures for assessing these areas; concise reporting format for outlining and presenting outcomes and recommendations; and strategies for communicating assessment findings during the team evaluation process. These assessment procedures are organized into 10 steps: request information from the person who made the initial referral; request an examination by an eye specialist; offer help to other participants on the team; interview parent(s) or guardian(s); interview present or former classroom teacher/therapist; interview student; select and administer assessment and evaluation instruments; identify potential media for reading; summarize results of interviews and assessments and determine recommendations; and present summary and recommendations to the team chairperson and the Administrator of Special Education. Forms are supplied for implementing each step of the process. (JDD)

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TEN STEP GUIDE FOR COMPREHENSIVE EDUCATIONAL ASSESSMENT OF STUDENTS WITH VISUAL IMPAIRMENTS

Massachusetts Department of Education
Division of Special Education
1385 Hancock Street
Quincy, Massachusetts 02169

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TEN STEP GUIDE
FOR
COMPREHENSIVE EDUCATIONAL ASSESSSMENT
OF
STUDENTS WITH VISUAL IMPAIRMENTS

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A.P.C.
D.J.G.

INTRODUCTION FOR THE VISION TEACHER/CONSULTANT

In the early 1980's, Perkins Outreach Services, with funding from the Massachusetts Department of Education, initiated a series of workshops entitled "Frontiers in Vision Education." Many of you from Massachusetts and the other New England states attended these workshops. At the end of each workshop you were asked, "What should be the focus of the next workshop? What are your most pressing inservice needs?"

You expressed one need over and over again: "We need help assessing and evaluating pupils. We're having to work with different kinds of pupils than we are used to. We're having to assess and evaluate students who have one or more other serious handicaps than vision. And we're certainly at a loss on how to evaluate the ever increasing number of handicapped preschool children who are being referred!"

It was evident that this kind of inservice need was not going to be met with just another single session in the Frontier Series. Accordingly, the Advisory Committee for Perkins Outreach Services and the Division of Special Education established a TASK FORCE ON VISION ASSESSMENT. Starting in 1983, the task force composed of teachers, private and public school administrators, department of education staff, agency representatives, and university personnel worked hard and diligently to develop this guide for teachers of visually impaired students.*

The goal of this effort is to provide Massachusetts teachers of visually impaired students with an opportunity to increase the quality of evaluation procedures through a more consistent approach to assessment, and a means of recording the outcomes of such assessment procedures in more meaningful ways. This guide provides you with the following basic elements which the task force believes are fundamental for determining necessary specialized instruction and support for visually impaired pupils:

- Procedures for collecting pre-referral information.
- Procedures for determining the specific areas to assess.
- A list of existing assessment instruments/procedures for assessing these areas.
- Concise reporting format for outlining and presenting outcomes and recommendations.
- Strategies for communicating assessment findings during the TEAM evaluation process.

* In this assessment guide, the term "visually impaired" includes both blind and partially sighted students.

Your role in assessing and evaluating visually impaired students is a crucial one.

- You may need to help other TEAM participants in doing their assessments and evaluations. Though they have their areas of expertise, often they will need your help communicating with the student in order to do their evaluation.

- Unless the medical eye specialist is present, you may be the only expert in vision impairment and the educational implications of vision impairment at the TEAM meeting.

- Your detailed and concise summary and list of recommendations will be critical in determining the strategies for teaching and support services not only for the coming year, but for two or three years into the future.

John Stager, Chairman
TASK FORCE ON VISION ASSESSMENT
Massachusetts Department of Education
Division of Special Education

TEN STEPS FOR COMPREHENSIVE EDUCATIONAL ASSESSMENT OF STUDENTS WITH VISUAL IMPAIRMENTS

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Note: For your convenience, an extra set of forms is included behind the flap of the inside back cover. Use this set of forms as "masters" for making copies in conducting assessments.

Step 1. Request information from person who made initial referral.

Instructions for Use of

FORM 1

PRE-REFERRAL FOR EDUCATION ASSESSMENT:
STUDENT WITH SUSPECTED NEEDS IN THE AREA OF VISION

PURPOSES OF FORM 1

- To gather existing preliminary background information on student with suspected special education needs in the area of vision.
- To identify fundamental questions about the student's visual needs which the referring person(s) desires to have answered through a specialized assessment by a teacher of visually impaired students.
- To ascertain the level of need for assessment procedures to be completed by a teacher of visually impaired students.
- To ascertain areas of additional or more appropriate special education assessment.
- To communicate to the referring person(s) the status of the pre-referral request after preliminary review by a teacher of visually impaired students.

FORM 1 TO BE COMPLETED BY:

- Any person permitted to make referrals for TEAM evaluations under the provisions of Chapter 766

SUGGESTIONS FOR USE OF FORM 1

- Use as an interview guide by the teacher of visually impaired students with the referring person if time permits.
- Use as a questionnaire to be individually completed by the referring person when time does not allow for a personal interview by the teacher of visually impaired students.
- Always complete the final section of Form 1 and send a copy to referring person(s)in order that this person(s) may understand the next steps which will be taken on behalf of the student.

PRE-REFERRAL FOR EDUCATIONAL ASSESSMENT:
STUDENT WITH SUSPECTED NEEDS IN THE AREA OF VISION

Referred by: _____ Position: _____ Date: _____

Address: _____ Phone: _____

Student's Name: _____ D.O.B.: _____

School/Placement: _____ Grade/Level: _____

Address: _____

School Contact: _____ Position: _____ Phone: _____

Parents/Guardians: _____

Address: _____

Phone (Home): _____ (Work): _____

Describe specifically what has led you to suspect a vision problem:

_____

_____

_____

Describe other known or suspected areas of special need:

_____

_____

Describe attempts that have been made to meet suspected visual needs within current educational placement, amount of service given, and results:

_____

_____

_____

_____

Is a current eye report from an Ophthalmololgist/Optometrist on file?
Yes ___ No ___

Ophthalmologist's/Optometrist's Name: _____

Address: _____ Phone: _____

Last Evaluation date: _____ Results/Recommendations:

_____

_____

Have the student's parents been made aware of your concern for visual functioning? Yes ____ No ____

(Over)

What specific questions do you wish answered as a result of a special education assessment in the area of vision?

_____

_____

_____

_____

List other significant persons who are involved with this student's program and are potential sources of information.

Name	Position	Agency	Phone
_____	_____	_____	_____
_____	_____	_____	_____

****

(This section to be filled out by the Vision Teacher/Consultant)

___ No further referral/follow-up is necessary. Specify reasons: _____

_____

_____

___ A one-time consultation by a Vision Teacher/Consultant is needed.

___ Formal special education vision evaluation procedures should be initiated.

Person responsible for initiation: _____

Position: _____ Phone: _____

Projected date of action: _____

___ Follow-up in other disability area(s) is recommeded. Specific areas are:

_____

___ Other recommendations, including name and contact information for those recommended.

_____

Signature: _____ Date: _____

cc: Referring Person(s)

Step 2. Request examination by eye specialist.

Instructions for Use of

F O R M S 2a, 2b, and 2c

EYE REPORT FORM

PURPOSES OF FORMS 2a, 2b, AND 2c

- To inform the student's eye specialist of the need for updated eye medical information.
- To share concerns and questions of school contact person with eye specialist prior to clinical assessment.
- To gather educationally relevant information regarding the visual capacity of referred student prior to special education assessment procedures.
- To encourage further involvement and contact with the eye specialist during the TEAM evaluation process.

FORM 2a AND 2b TO BE COMPLETED BY: School contact person and eye specialist.

FORM 2c TO BE COMPLETED BY: Parent, and returned to school contact person.

SUGGESTIONS FOR USE OF FORMS 2a, 2b, AND 2c

- Send forms to eye specialist prior to the completion of formal educational assessment procedures.
- Promptly respond to eye specialist's indication or requested involvement in the TEAM evaluation process and/or outcomes.
- Analyze information from eye specialist prior to the selection of formal and informal special education assessment procedures.
- Secure parental consent (Form 2c) prior to sharing any reports with TEAM members or any public or private agency.
- Report the general finding of the eye specialist to other TEAM members prior to their selection of assessment procedures.

EYE REPORT FORM

Name of Student _____ D.O.B. _____

Address _____ School _____

Message for Eye Specialist:

The student named above has been referred for an educational evaluation/re-evaluation under the provisions of Chapter 766, the Massachusetts comprehensive education law. This has been approved by the student's parent/guardian. An examination by an eye specialist is one of the required assessments for all students with suspected special needs in the area of vision. Please note that no special education services in the area of vision may be provided for this student without this examination. The eye specialist is considered to be an Evaluation TEAM member, and as such your input is made through the attached report form. Your eye report information will be presented to the other members of the TEAM by a certified Vision Teacher/Consultant who has completed specialized educational assessments with regard to the student's suspected visual impairment in an educational setting.

Please return this report as soon as possible to the school contact person noted below. You may wish to call this contact person at the number noted below if you wish further clarification. Thank you for your cooperation in providing this important part of the student's special education evaluation information.

Note: This student's Chapter 766 TEAM evaluation meeting is scheduled for

_____

School Contact Person Requesting Eye Report Information

Name _____ Title _____

Address _____ Phone _____

_____

Date of Eye Report Request _____

(OVER FOR SPECIFIC TEACHER QUESTIONS AND CONCERNS)

QUESTIONS AND CONCERNS FROM SCHOOL CONTACT PERSON

EYE REPORT FORM

Name of Student/Patient _____ D.O.B. _____

Address _____ Sex _____

Please print or type:

Type of examination: Date of Examination _____
(check one)
- Routine Ophthalmological ___
- Routine Optometric ___
- Low Vision ___
- Other (Please specify) _____

Is this the first time you have examined this patient? Yes ___ No ___

I. HISTORY

A. Age of onset of visual impairment: Right Eye (OD) __ Left Eye (OS)__

B. Cause of visual impairment:

Pathology _____

Underlying etiology: _____

C. Implications:

Field defect	Yes ____	No ____
Impaired color perception	Yes ____	No ____
Special illumination needed	Yes ____	No ____

D. Has the patient's visual condition occurred in any blood relative(s)?__

If so, what is/are the relationship(s)? _____

E. Is the patient's vision considered to be: (check each appropriate)

Stable? ___ Deteriorating? ___ Capable of improvement? ___

Uncertain? ___ Other? (please specify) _____

F. What treatment, if any, is recommended? _____

_____

_____

_____

II. MEASUREMENTS

A. Visual Acuity:

1. Distant and Near Vision

a. Tests used:

Distant _____ Near _____

b. Results:

	Distant Vision		Near Vision	
	Without Correction	With Best Correction	Without Correction	With Best Correction
Right Eye (OD)	_____	_____	_____	_____
Left Eye (OS)	_____	_____	_____	_____
BOTH EYES (OU)	_____	_____	_____	_____

2. If you were unable to test patient:

a. Specify why _____

_____

b. In your clinical opinion, what and how much does this patient see?

_____

_____

_____

_____

c. Do you think you could test the patient if he/she were accompanied by a Vision Teacher/Consultant who could assist? Yes___ No___

B. Binocularity:

1. Is binocular vision present? _____

If not, please explain _____

_____

2. If the patient uses monocular vision, which eye is preferred at:

Distant? _____ Near point? _____

C. Motility:

1. Does this patient have normal motility? _____

2. If not, explain _____

D. Tonometry Readings: OD _____ OS _____

E. Color Perception:

1. Is color perception impaired? Yes ____ No ____

2. If so, explain _____

3. Test used _____

F. Field of Vision:

1. Was field of vision tested? Yes _____ No _____

If not, why not? _____

2. Type of test used: _____

3. If patient was tested using unconventional approach, please specifv the following and/or describe the procedure:

Test object: _____ Size: _____ Color: _____

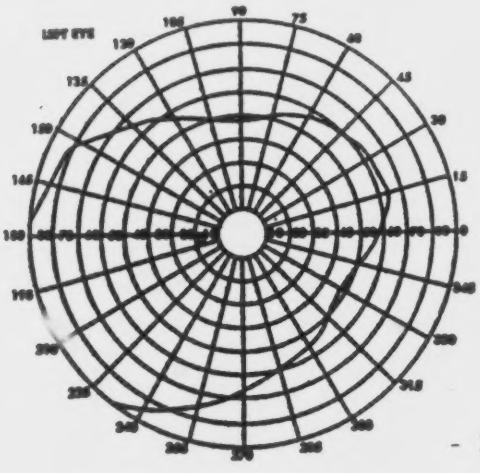
Procedure: _____

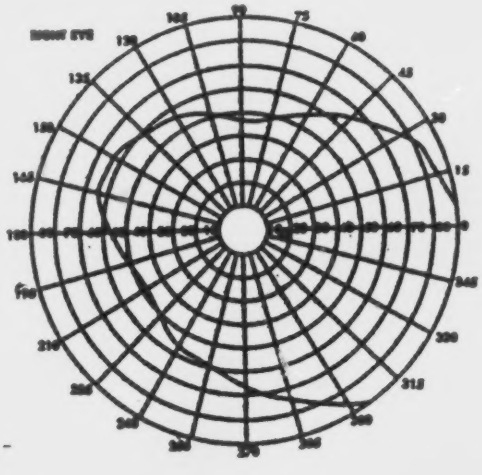
_____

4. Is there a field defect or limitation? Yes _____ No _____

If so, describe and record on chart:

OS _____ degrees OD _____ degrees





III. RECOMMENDATIONS

A. Glasses:

Not needed _____ Corrective _____ Protective _____

To be worn constantly ____ Close work only ____ Distant only ____

B. Prescription:

	Sph.	Cyl.	Axis
Right eye (OD)	_____	_____	_____
Left eye (OS)	_____	_____	_____

C. Physical activity in school: ____ Unrestricted ____ Restricted

If restricted, in what ways and why? _____

D. Is patient to be patched? ____ Yes ____ No

OS _____ OD _____

If yes: When and for how long? _____

E. Specify any special lighting requirements _____

F. Is follow-up recommended? _____

Routine re-examination _____ Next visit (date) _____

Particular clinic or low vision specialist: _____

G. Please add any additional comments or information concerning patient:

_____

_____

* * * * * * * * * * * * * *

Examiner's name: _____ Title: _____

Address _____ Phone: _____

_____

Signature of Examiner: _____ Date of Examination: _____

PLEASE RETURN THIS REPORT TO THE SCHOOL CONTACT PERSON

NAME: _____ TITLE: _____

ADDRESS: _____

_____

FORM 2c

PARENTAL RELEASE OF INFORMATION FORM

Date _____

Dear _____:

In order to obtain educational materials and services for your child _____, we need your permission to share medical and school records with the Massachusetts Department of Education as well as agencies such as those listed below.

To do this we need your signature on the below form. Thank you.

From: _____
Special Education Administrator or Designee

Permission is granted to obtain information from my child's eye doctor and educational records needed to register my child with the Department of Education as a child with special needs in regard to vision.

It is understood that this information will be forwarded to the Massachusetts Department of Education, Division of Special Education. The information is required by the Division in order to qualify for Federal or State funds which support Special Education Services for students with visual impairments.

It is also understood that this information is likely to be transmitted to the Massachusetts Commission for the Blind, the American Printing House for the Blind, Louisville, Kentucky, Recording for the Blind, New Jersey, and other agencies which provide either materials or services to students with visual impairments, but cannot do so without certification of a visual impairment.

Date _____ _____
Signature of Parent/Guardian

Return this form to: _____
_____
_____
_____

Step 3. Offer help to other participants on the TEAM.

Instructions for Use of

F O R M 3

MEMORANDUM OFFERING HELP TO OTHERS ON TEAM

EVALUATING VISUALLY IMPAIRED STUDENT

PURPOSES OF FORM 3

- To introduce yourself to other evaluators and/or members of the student's team.
- To offer help (if needed) in modifying test procedures so that accurate results can be obtained.

FORM 3 TO BE COMPLETED BY:

- Vision Teacher/Consultant

SUGGESTIONS FOR USE OF FORM 3

- Affix school district or school letterhead at top of form.
- Fill out all items except the name of the person to whom it is being sent, the line starting: "To:_____ ".
- Make sufficient copies for all evaluators and TEAM Members who will be evaluating the student and providing instructional and support services.
- Fill in the names and positions of those to whom the memo is being sent. Mail.
- You can personalize the memo by signing each form and adding a handwritten note at the bottom.

FORM 3. **MEMORANDUM OFFERING HELP TO OTHERS ON TEAM EVALUATING VISUALLY IMPAIRED STUDENT**

Suggestion: You may want to affix the school letterhead on the top part of this form.

Date _____

To: _____, _____

From: _____, Vision Teacher/Consultant

Subject: Assessments for _____

I want to introduce myself as the Vision Teacher/Consultant working on this student's TEAM. I will be assessing the student's functional vision and making my report at the TEAM meeting scheduled to start at _____ on _____ at the _____.

This student may need some modifications during your testing to obtain accurate results; for example, additional time and/or different response modality. Here are some specific observations and suggestions which might be of help to you:

_____

_____

_____

_____

Here is my telephone contact schedule for the week starting_____.

Day of Week	Hours	School Phone Number
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Step 4. Interview parent(s) or guardian(s)

Instructions for Use of

F O R M 4

PARENT INTERVIEW GUIDE

PURPOSES OF FORM 4

- To become familiar with the family's concerns about their child's vision-related educational needs so that they can be addressed during the assessment process.
- To obtain information from the family regarding their child's behaviors at home as they may relate to educational goals.
- To obtain educationally and socially relevant information about the family and home background.
- To ascertain how the family views the child's handicap(s) and the manner in which they provide support.
- To determine the extent to which parents and other members of the family would be able to follow through with helping child with school-related goals.

FORM 4 TO BE COMPLETED BY:

- Vision Teacher/Consultant, after checking with other specialists who might already be able to provide requested information.

SUGGESTIONS FOR USE OF FORM 4

When completing the PARENT INTERVIEW GUIDE which follows, it is important to keep in mind that not all questions are applicable to all students. Tailor the interview to the individual needs and circumstances of each student and family. Necessary information may be obtained during a home visit, school conference, telephone contact, and/or from existing school records. It is also possible, where other service providers are involved with the family (e.g. school nurse, psychologist, social worker), that you may, with permission of the parents, exchange relevant information with other specialists.

Realize that the parent-professional relationship is a vital and sometimes fragile component in the educational process. Review the following guidelines for effective communication with families of students with special needs prior to your contact:

1. Recognize that parents know their children well, and are in the best position to promote their growth and development. A child may behave differently at home and at school; take care to respect a parent's observation of the child's behaviors at home. Make every effort to build a partnership between home and school in determining and addressing the vision-related needs of the child.

2. If necessary, explain why certain questions need to be asked and why you are taking notes during your conversation. Reassure parents that all school records are available to them upon request.

3. Be empathetic to the needs of the parents and siblings as well as to the child with the visual impairment.

4. Maintain a child-oriented focus to the interview. Phrase your questions so that parents tell you only what you need to know.

5. Keep an open mind about the financial, social, ethnic, and religious orientations of the family, particularly when they differ from your own. Do not allow your personal values and experiences to cloud your perceptions of the child or the family. If it is necessary for you to draw controversial conclusions from your observations, be certain that they are accurate, free of personal bias, and most importantly, that they can be documented. Limit your comments to those which you are professionally qualified to make as a Teacher/Consultant of visually impaired students.

6. Avoid specific references to, and questions about, finances, religious orientation, marital status, or other potentially sensitive issues unless they will provide useful information which is relevant to the current assessment.

7. The role of the teacher during the interview should not be limited to obtaining information; the interview offers a good opportunity for providing information as well. Listen to the parents' concerns and offer impartial support whenever possible.

8. Invite questions about parental concerns related to the evaluation process. Let them know what your involvement as a Teacher/Consultant will be. They should understand that they are part of the team which will be determining placement and services for their child. Refer them to the TEAM chairperson or the special education administrator for further details.

9. If English is not the primary language of the home or is not well understood by the parents, arrange for an interpreter to ensure accuracy of communication and to increase parents' level of comfort.

10. Conclude the interview with one or two positive observations about the child.

A. GENERAL INFORMATION

1. Has the parent or guardian been contacted/interviewed by other school personnel? If so, by whom/which department?

2. Has a home visit been scheduled by other service provider? ____ If so, when was it or will it be?

3. Is your child registered with the Massachusetts Commission for the Blind? ____ Do you know the Commission Worker' name? _____ Phone # ? _____

4. What other vision-related support services do you receive or are you interested in receiving?

5. Has your child ever been referred for special education evaluation or been involved in special education services before? ____ If so, when? _____ For what reason?

What were the results?

6. Do you have written copies of the results (test results, I.E.P.)? _____ Have they been sent to the school to review? _____ Have you signed a release of information for the past records? _____

Name of Student

D.O.B.	Age	Grade/Level

Type of Program	School

Name of Parent	Role/Position

Address

Phone

Interview Date	Interviewer

B. STUDENT'S GENERAL HEALTH

1. Are you aware of any chronic medical conditions or physical disabilities which may need to be considered in educational programming?

2. Is your child taking any medication? (If so, list with schedule of times taken.)

Are you aware of any effects the medication may have on your child's behavior or visual functioning?

C. OCULAR HEALTH

1. What was the date of your child's most recent eye examination? _____ What is the name of the eye doctor?

Optometrist or Ophthalmologist?

2. What is your understanding of your child's visual condition?

3. Are there any vision-related medical conditions? If so, please list.

4. What are the implications of and prognosis for your child's visual condition?

5. How does your child use his/her vision at home?

6. What behavior or symptoms cause you to suspect your child has a vision problem?

7. Does your child have corrective lenses or ocular aids?

How long ago prescribed and obtained?

When or under what circumstances does he/she use them?

Does he/she use them: Independently?
Willingly? Appropriately?

8. Does your child have other specialized non-optical aids or equipment? (e.g., reading stand, special paper)

Describe:

When or under what circumstances does he/she use them ?

Does he/she use them: Independently?
Willingly? Appropriately?

9. Do you have any questions about your child's visual needs (e.g., diagnosis, treatment, etc.)

D. EDUCATIONAL

1. Briefly describe your child's educational history including any past special education placements.

2. What activities and/or subjects does your child like best at home?

In school?

3. What activities or subjects does your child like least at home?

In school?

4. With what activities, subjects, or classes does your child seem to have the greatest difficulty at home?

At school?

5. How do you think your child feels about school?

6. How do you feel he/she is doing in school?

What makes you feel this way?

7. What are your child's goals/ambitions for the future?

Do you feel they are realistic?
Why or why not?

E. SOCIAL/EMOTIONAL

1. How would you describe your child's general level of maturity?

   His/her independence?

   His/her attitude towards self and others?

2. Does your child have playmates/friends outside of the family? _____ Sighted? _____ Visually impaired? _____ Same age? _____ Younger? _____ Older? _____ Disabled? _____ Nondisabled? _____

3. How would you describe your son's/daugter's relationship with his/her siblings?

4. How do your other children and extended family members feel about your child's visual impairment?

5. In what kinds of play activities does your child engage? (e.g. cooperative vs independent, creative vs repetitive, parallel vs interactive)

   What specific toys/activities does your child prefer?

6. Does your child ride a bike? _____ Watch TV? _____ Go to Movies? _____ Participate in sports? (Which sports?)
   Does he/she read when at home?
   What does he/she read?
   Does he/she draw or color?
   Please describe other recreational activities, if any:

7. How does your child manage self-care activities? (e.g., eating, dressing, grooming, toileting, selecting clothing) With or without assistance?

8. Does he/she have household jobs or responsibilities? If so, what?

   Does he/she do them with or without assistance?

9. Does he/she travel independently within the home? _____ Yard? _____ Neighborhood? _____ Community? _____ (If restricted, specify and explain.)

10. How do you think your child feels about his/her visual difficulties? (e.g., general attitude/ acceptance, level of maturity)

F. CURRENT SERVICES

1. What is the Vision Teacher/Consultant currently working on with your child?

   Why?

2. How appropriate do you think the current goals and objectives are for your child?

NOTES

3. What goals would you like your child to meet this year?

In a few years?

4. How can the Vision Teacher/Consultant help your child meet these goals?

G. OTHER

1. What kinds of services do you feel are necessary or appropriate at this time? For the child?

For yourself?

2. What do you expect from the results of this evaluation procedure?
For your child?

For yourself?

3. Do you have any other needs or concerns that you would like to have addressed?

Step 5. Interview present or former classroom teacher(s).

Instructions for Use of

F O R M 5

TEACHER INTERVIEW GUIDE

PURPOSES OF FORM 5

- To determine student's academic interests and abilities.
- To determine the types of strategies which have been successful (or not successful) in supporting the student in school.
- To determine the degree to which the student is functioning independently in the school setting.
- To provide an opportunity for the teacher interviewed to ask questions.

FORM 5 TO BE COMPLETED BY:

- Vision Teacher/Consultant.

SUGGESTIONS FOR USE OF FORM 5

These instructions for the TEACHER INTERVIEW GUIDE emphasize many of the same ideas as those you might use in making a home visit, with additional suggestions related to interactions within the school environment. The TEACHER INTERVIEW GUIDE, however, is not be used in lieu of the classroom teacher's report or the functional vision assessment. It is intended to provide a valuable source of background information on which to base decisions about the nature or extent of the total evaluation. Information can be obtained from direct interview, telephone conversation, and/or school records. If the student is in secondary school, you should interview more than one teacher. You may also want to interview other specialists/therapists who work with the student (Occupational Therapist, Physical Therapist, Speech and Language Pathologist, resource room teacher, elementary special subject teachers such as art, music, and physical education, etc.) In many instances, you will know the teacher(s) whom you are going to interview. The TEACHER INTERVIEW GUIDE will, in these cases, serve as a way of summarizing observations and conversations you have already shared during the course of the year.

In the event that the pupil is new to your school district or has just recently been diagnosed, you may need to introduce yourself as the vision teacher/consultant and explain your role in addressing the diagnostic, instructional, consultative, and long-term support needs of a visually impaired student and his/her family.

This interview guide is fairly comprehensive. Not all of the questions will be appropriate for each student. The interview may run more smoothly if you have reviewed the questions prior to the actual interview and circled only those which you intend to ask. In some instances, the teacher being interviewed may not be able to completely answer all appropriate questions. In these cases, the interview guide may also be used to organize your own observations of the student in class. It is helpful to request a copy of the student's schedule to aid in planning your classroom observation.

Inform the teacher being interviewed that . . .

1. A considerable amount of detailed information will be requested during the interview. (You might want to provide the teacher with a copy of the TEACHER INTERVIEW GUIDE in advance of your meeting.)

2. Information will be requested not only about the pupil's academic and communication skills, but also about areas pertaining to social and emotional growth, self concept, and orientation and mobility.

3. The teacher should feel free to respond "not applicable" or "not observed" in answering questions about which he/she has no information.

4. The interview is not intended to be used in lieu of the teacher's own report for the TEAM meeting and that he/she should feel free to express individual observations at the TEAM meeting.

5. The interview will also provide an opportunity for the teacher to ask questions of the vision teacher/consultant so that information can be shared and concerns discussed.

Remember:

These questions are merely guidelines to help you elicit information which is of unique importance to individual students. In many cases you may need to go beyond the original question to gain specific answers to your own concerns which are raised as the interview evolves. Your perceptions as an active listener are of utmost importance in determining how much and what kind of information is needed to develop a realistic impression of the student's abilities and needs.

I. GENERAL

Name of Student		Prototype
D.O.B.	Age	Grade/Level
Type of Program	School	
Name of Teacher	Role/Position	
Interview Date	Interviewer	

1. How does this student communicate? (e.g. verbally, signing, unable to communicate, unwilling to communicate?)

   How do teachers communicate with this student (receptive language) ?

2. Is this student experiencing other problems, special education related or other, which may affect performance?

   From what other special education teachers/ therapists does this student currently receive services?

   From whom has he/she received services in the past?

3. What is he/she currently working on in school?

4. Does he/she work well:
   a) With the whole class?
   b) In small groups?
   c) In one-to-one settings?
   d) Independently?

5. Does he/she complete his/her work?_____
   Always?_____ Usually?_____ Sometimes? _____
   Within standard time limits? (e.g. tests, overnight assignments, reports)

6. How does he/she use free time?

7. Where does he/she rank academically within your class?

8. Is he/she working on grade level or to expected level as outlined in his IEP? (list academic levels for specific subjects)

9. What types of general difficulties has he/she demonstrated in school?

10. What subjects or activities seem to be easiest for him/her?

11. What subjects or activities seem to be most difficult for him/her?

    In what way? Because of vision? Other reasons?

12. What subjects or activities does he/she seem to like best?

13. What are the most effective and least effective reinforcers when working with this student?

What makes you feel this way?

II. VISUAL BEHAVIOR

1. What types of visual behaviors (if any) has this student demonstrated which led you to believe there was a vision problem? (e.g. holding printed material close to eyes, difficulty seeing board, squinting, rubbing eyes, etc.)

2. Are there times in the day when these behaviors are more pronounced than at other times?

Is there any activity consistently occurring at these times?

3. What are the lighting conditions in areas where this student has the greatest difficulty working?

4. Does he/she have difficulty moving between areas of high and low illumination?

5. Where does he/she sit in the classroom? (in relation to the chalkboard, the windows, other light sources)

6. Does the student use eyeglasses or a vision aid for reading? To read the chalkboard?

7. Can he/she sustain close work activities for long periods? (Including scanning pages for specific information, searching for objects dropped, reading, writing, and artistic activities)

8. Does he/she miss seeing objects that are close to him/her?

9. Does he/she work in short bursts, resting or day-dreaming between bursts of activities?

10. Can he/she sustain distance viewing tasks for long periods?
Does he/she look, then look away or close his/her eyes?

11. When looking from near to far or from far to near as part of an activity (e.g. copying from the board) does he/she pause or close his/her eyes before continuing the activity?

12. Is there a difference or change in his/her ability to see or his/her visual behavior when print size is changed (e.g. ability to read, speed, accuracy, ability to finish tasks, squinting, headaches)

13. Is there a difference or change in his/her ability to see when the background on which work is placed is changed? (e.g. dark desk with light paper on it, white print on dark paper vs black print on yellow paper)

III. SOCIAL/EMOTIONAL

1. How does this student interact and/or play with peers?

2. Does he/she participate in extracurricular activities? Describe.

3. Is he/she accepted by his/her peers?

4. Is he/she viewed as visually impaired by his/her peers?

5. Do you think he/she views himself/herself as visually impaired? What makes you think so? Does he publicly acknowledge his/her visual impairment?

6. Does he/she try to do difficult/challenging tasks himself/herself or is he/she dependent upon others?

7. Does he/she demonstrate responsibility for making his/her visual needs known? (e.g. does he/she ask for assistance when needed? Does he/she request appropriate lighting? Seating? Can he/she provide suggestions for making instruction more meaningful?)

8. How would you describe his/her maturity in comparison to that of his/her peers?

9. Describe his/her strengths.

10. Describe his/her weaknesses.

IV. ORIENTATION AND MOBILITY

1. Describe how this student travels:
   a) Creeping, crawling, walking?
   b) Independently or with another person's help?
   c) Describe gait and body carriage
   d) Does he/she use any specialized equipment to travel? (e.g. a cane, walker, wheelchair) Does he/she use it willingly? Does he/she use it appropriately?

2. Is he/she able and willing to travel independently:
   a) In the classroom?
   b) In the halls?
   c) In line with the class?
   d) In the gym or cafeteria?
   e) To and from the toilet?
   f) On stairs?
   g) In the school yard/out of doors?
   h) To and from school?
   i) Crossing street?
   j) Using school bus?
   k) At home?
   l) In open spaces in general?
   m) In crowded situations?
   n) Other?

3. Does he/she ever become lost or disoriented? If yes, where and when?

4. Does he/she bump into or trip over objects?
   a) Above eye level?
   b) At eye level?
   c) Below eye level?
   d) On the floor?
   e) Only to one side? (Specify _____)
   f) Directly in front of him/her?
   g) On surfaces of different heights?
   h) Other?

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5. Can he/she follow simple one-step (through five-step) directions without getting lost or disoriented? (Specify upper limit of directions.)

6. Is he/she able to obtain his/her own lunch in the cafeteria?

7. Does he/she move safely and with caution when travelling independently? When travelling with others?

8. Do you need to give him/her more supervision
   a) when he/she is travelling independently within the classroom or school?
   b) when on field trips or travelling as a group?

9. Does he/she play in the school yard or gym with the rest of the group? If so, does he/she do it safely?

10. Do you or others have concerns about his/her safety?

V. SPECIFIC ITEMS

The following are activities/tasks with which a student with a visual impairment may experience difficulty. Please check those skills the student is able to do. Others may be added as needed.

1. NON-PAPER AND PENCIL TASKS
   a) visual response to light (describe)
   b) visual response to objects (describe)
   c) visual response to people (describe)
   d) eye contact with people
   e) examining objects visually
   f) visual searching for lost or dropped object
   g) locating a stationary object (list distance)
   h) alternating gaze between stationary objects
   i) following a moving object (tracking)
   j) following and pointing to a moving object
   k) locating and grasping a previously sighted object
   l) locating and grasping (pointing to) an object from a group of dissimilar objects
   m) locating and grasping (pointing to) an object from a group of similar objects
   n) scanning at near point (table top)
   o) scanning at far point (chalkboard)
   p) identifying objects (verbally or by pointing, etc)
   q) matching objects
   r) nesting objects
   s) building 3-dimensional objects (towers, etc.)
   t) removing pegs
   u) inserting pegs (randomly)
   v) inserting pegs in a straight line
   w) replicating a simple design (pegs or parquetry blocks)
   x) completing non-interlocking puzzles
   y) completing interlocking puzzles
   z) discriminating colors
   A) cutting accurately (straight or curved line?)
   B) (after looking away) recognizing when an item has been removed or relocated from an array of similar objects
   C) Describe any self-stimulatory behaviors
   D) List visual attention span

2. READING READINESS SKILLS
   a) discriminating among pictures and shapes (by matching, pointing, etc.)
   b) identifying shapes
   c) interpreting pictures: simple? with detail? line drawings? solid (color and shaded)?
   d) sequencing pictures to tell a story
   e) identifying letters & numerals
   f) discriminating among letters which have similar configurations or which are rotational forms of one another
   g) connecting dot-to-dot pictures
   h) completing puzzles (paper & pencil)
   i) coloring activities

3. READING SKILLS
   a) reading print in textbook
   b) reading handwritten work (printed)
   c) reading print on chalkboard from seat

d) reading cursive writing
e) reading worksheets (spirit masters)
f) locating specific information on page
g) relocating place on printed page
h) reading orally without omissions or additions
i) reading silently for specific information
j) reading for prolonged periods (list time)

4. WRITING SKILLS
a) writing legibly (print or cursive)
b) writing on line
c) writing with correct spacing and format
d) copying work on chalkboard from seat
e) copying from a source at near point
f) completing worksheets
g) using correct punctuation and capitalization
h) writing without omissions or additions
i) taking notes from verbal dictation
j) writing for prolonged periods (list time)
k) using dark-lined paper (APH) or regular class paper?

5. MATHEMATICS/COMPUTATION SKILLS
a) lining up numerals in computation examples
b) using calculator for classwork? homework? tests?
c) telling time from wall clock? watch?
d) identifying coins? bills?
e) interpreting charts and graphs books
f) reading maps in books
g) reading large maps

6. USE OF MEDIA
a) watching movies:
-following the action
-recognizing changes in time and location
-watching for specific information
-watching meaningfully (understanding concepts, drawing conclusions and inferences)
b) watching slides
c) reading captions on film strips
d) reading/interpreting "overhead" projection slides
e) watching television
f) reading a CRT (computer terminal)
g) playing educational video games

The following are other skill areas important to consider when evaluating the function of a student with a visual impairment. These are general lists only. Further specific assessment should be done in each area as the student's needs indicate.

7. TACTUAL
Does this student:
a) Mouth objects?
b) Examine objects tactually?
c) Examine objects with one or both hands?
d) Examine objects independently or with cues?
e) Differentiate between textures?
f) Match textures?
g) Identify textures?
h) Prefer/dislike certain textures?
i) Identify embossed shapes/forms?
j) Show hand preference?
k) Search for lost objects?

8. AUDITORY
Does this student:
a) Respond consistently to sound?
b) Localize sound?
c) Screen out background noises?
d) Follow one/two/three step directions?
e) Follow directions in one-to-one instruction?
f) Follow directions in group instruction?
g) Respond to tests given orally?
h) Use recorded materials?

9. SELF-HELP SKILLS
Describe student's degree of independence in the following areas:
a) dressing
b) grooming
c) toileting
d) eating
e) cafeteria use
f) cooking

10. PREVOCATIONAL/VOCATIONAL
a) Describe instructional programs available (e.g. shop, work-experience, home economics, etc.):

b) Describe student's participation in available programs:

Step 6. Interview student.

Instructions for Use of

F O R M 6

STUDENT INTERVIEW GUIDE

PURPOSES OF FORM 6

- To determine the skills, interests, and feelings of the student, as well as any frustrations and difficulties related to his vision.
- To determine, from the student's point of view, how well or poorly he/she functions in a variety of situations.
- To ascertain how the student feels about his/her handicap(s) and how it/they affect(s) his/her life.

FORM 6 TO BE COMPLETED BY:

- Vision Teacher/Consultant

SUGGESTIONS FOR USE OF FORM 6

- Introduce yourself. Explain to the student why you are interviewing him/her.
- Help the student feel at ease by encouraging him/her to elaborate on the interview questions whenever he/she wants to.
- Try to determine how much the student understands about his/her visual deficit.
- If the student begins to discuss sensitive personal or family issues which do not appear to be relevant to the current assessment, try to refocus the conversation on your mutual efforts to develop and carry out a workable educational program.
- Encourage the student to share his/her ideas and feelings about the impact of vision on his/her success in school.
- Not all questions will be appropriate for all students. You may need to add questions to clarify or elaborate on a point the student has made or to address specific concerns indicated in the parent and teacher interviews.

1. Do you know why I'm here today?
Do you know what I do? (What kind of teacher I am?)
Explain and reassure student.

Name of Student		Prototype
D.O.B.	Age	Grade/Level
Type of Program		School
Interview Date		Interviewer

2. Do you have special difficulties seeing/using your eyes?
Have student specify: a) All the time? b)At certain times of the day? c) Only in school? d) During specific subjects? e) Indoors only (or more frequently)? f) Outdoors only (or more frequently)? g) Going from light to dark? h) From dark to light? i) Other?

If student says "No", explain that his teachers think he may have some difficulty and have asked you to see him to help find ways to make it easier for him to complete his schoolwork.

3. Do your eyes ever hurt?
When?

Do your eyes ever feel tired?
When?

4. What kinds of tasks and activities do you like to do (e.g., read, write, play ball, play video games, run, stack blocks or build things, draw, complete puzzles?)

Which ones do you think you do well?

Get clarification on the complexity of the activity. (This may be obtained from the teacher or parent.)

5. What activities and tasks are easy for you to do? Include school tasks.

Which ones are difficult?

6. What is your favorite subject?
Why?

What is your least favorite subject?
Why?

7. Do you read when you are at home (not school books)? If no, why not? If yes, what do you read?

8. Do you have any hobbies? (e.g. sports, crafts, music, etc.)

If student answers "No", you may get clarification by asking what he/she usually does after school and on weekends.

9. Do you ever have difficulties with your eyes when you watch TV? Play video games or use a computer? Watch sports events? Go to the movies?
Get clarification of the type of difficulty (e.g., headaches, blurriness, etc.) Find out when, under what circumstances, how consistently this occurs, and what makes it stop.

10. (Near vision)
Is it difficult for you to see detail in
a) Pictures b)Maps c)Graphs?
d)See punctuation marks or mathematical signs of operation?
e)Read purple dittos?

11. Are any colors easier for you to see than others?

12. (Distant vision)
    a) Is it difficult for you to copy from the board?
    b) Tell time from the clock on the wall?
    c) Read a wall calendar?
    d) See the board?
    e) Watch movies or filmstrips?

13. Is it easier for you to do your schoolwork:
    a) Seated next to a window?
    b) With a desk lamp?
    c) With an overhead light?
    d) On sunny days?
    e) On a cloudy day?

14. Are you comfortable travelling in your school?
    a) Walking in hallways?
    b) Changing classes?
    c) Going through the cafeteria line?
    d) In physical education class?

15. Are you comfortable travelling outdoors?
    a) Do you come to school alone? (walk to the bus?)
    b) Are you able to cross the street by yourself?
    c) Can you read street signs, bus signs and house numbers without getting very close to them? Get clarification on distances.
    d) Are you comfortable outside on the playground? (sunny vs. cloudy days)
    e) Do you ride a bike? Play or watch sports?

16. Do you have any visual aid(s) (glasses, telescope, magnifier, etc.) What do you have? Where is it (are they) now? Do you use it (them)? Why or why not? When and where do you use it (them) (e.g., in school and/or home)?

17. What other adaptations have you found helpful to use? (e.g. reading stand, dark lined paper, black and white copies, black felt tipped pen, lighting, preferential seating, large print, etc.)

Additional questions prepared by the teacher/consultant

18.

19.

20.

21.

37 (conclusion of STUDENT INTERVIEW GUIDE)

Step 7. Select and administer assessment and evaluation instruments.

FORM 7 and ASSESSMENT INSTRUMENTS

INDEX OF ASSESSMENT INSTRUMENTS
(By age and level of handicap and by areas of assessment)

ASSESSMENT INSTRUMENTS
(Listed alphabetically)

PURPOSE OF INDEX AND LIST

To provide a convenient means for choosing appropriate, current instruments to evaluate students at different ages with various handicapping conditions.

ASSESSMENTS AND EVALUATIONS TO BE ADMINISTERED BY:

- Vision Teacher/Consultant providing he/she has the qualifications to administer the assessment instruments chosen and interpret the results obtained.

- Specialists (psychologist, orientation and mobility instructor, etc.) as they are qualified to administer the assessment instruments chosen and interpret the results obtained.

GUIDELINES FOR THE SELECTION AND ADMINISTRATION OF ASSESSMENT INSTRUMENTS

The role of the teacher of visually handicapped students in the assessment process has undergone significant change since the mid 1970's. Yet, despite such change, considerable latitude exists in the way that today's special educators define their responsibilities in the assessment process. With so much potential for ambiguity, it must be stressed at the outset that the special teacher's role ought to be self-limiting: no one should attempt to do that which he/she is unprepared to do. As a teacher/consultant, the professional may choose to defer some assessment responsibilities to other members of the assessment team or to specialists outside the local education agency who have recognized expertise. Some teacher/consultants are highly skilled in psychoeducational assessment and also know a great deal about functional vision. Accordingly, such professionals ought to assume a larger portion of the assessment responsibility.

Ultimately, the role of the Vision Teacher/Consultant ought to include both direct and advisory responsibilities. The particular balance achievable between these two areas of responsibility will depend on the competency of the teacher/consultant and the availibility of other competent professionals either on or outside the team. To be sure, the Vision Teacher/Consultant should be well appraised of local and state prodedures for compliance.

Scope of the assessment

Two factors chiefly determine the scope of the assessment for any given child: the severity and the multiplicity of the child's difficulty with regard to educational progress. Both the number of procedures and the diversity of specialists brought together in order to determine the best possible program in the least restrictive environment will be influenced by these factors. Organic evidence of disease or defect in the vision system is sufficient cause for concern about the child's present or future status in educational settings. Where vision pathology is concomitant with other potentially handicapping conditions, there may be further concern for the child's progress. In recent years, vision teacher/consultants are being called upon to intervene with increasing numbers of multihandicapped children. The extent to which vision pathology interferes with the functional capabilities of such children ought to be determined by input from the Vision Teacher/Consultant. More precisely, both assessment data and strategies for intervention ought to be furnished by the vision teacher/consultant in consultation with other members of the team.

Procedures for assessment

No single battery or approach exists which would be equally suitable for all visually handicapped children and youth. Rather individualized educational programming depends upon the quality of an individually tailored assessment procedure. As the Vision Teacher/Consultant becomes aware of the scope of the assessment required for a particular child, a search may be required for appropriate instruments. Often other team members regularly rely upon favored instruments. The vision teacher should routinely examine the usefulness of such instruments for the visually impaired child and availability of modified versions of acceptable procedural adaptations. The Vision Teacher/Consultant should recognize and interpret to other team members the limitations of standardized tests where normative reference groups are fully sighted and where procedures for test administration are formally standardized. Valid interpretaton of assessment results often requires acknowledgment of such limitations and a careful rationale for any alterations.

Index and alphabetical list of instruments

Since such expertise can take years to fully develop, the following index and alphabetical list of assessment instruments is offered out of which Vision Teacher/Consultants can select instruments for their own use or by others with whom they are consulting.

Prior to the actual selection of instruments from the index and list, all preliminary observational interview data, along with the child's eye report, must be reviewed.

Note that in FORM 7 pupils are classified according to age "intertwined" with severity of handicapping conditions:

1. PRESCHOOL AND/OR YOUNG MULTIHANDICAPPED STUDENTS.

2. SCHOOL AGE STUDENTS.

3. ADOLESCENT MULTIHANDICAPPED STUDENTS.

Some instruments are well suited for one of the groups of students but not for the other two groups.

The order chosen for listing the "areas of assessment" is not necessarily the order in which assessments and evaluations are to be given.

In the tables below and on the next page, a rather extensive list of assessment instruments are grouped into three categories: PRESCHOOL AND/OR YOUNG MULTI-HANDICAPPED, SCHOOL AGE, AND ADOLESCENT MULTIHANDICAPPED. This grouping should serve only as a guideline in choosing the most appropriate assessment instrument(s) for a particular child. Clear lines of demarcation between each group have purposefully not been set, as assessment instruments from more than one group may be appropriate for an individual child. In general, . . .

- The PRESCHOOL AND/OR YOUNG MULTIHANDICAPPED assessment instruments are appropriate for young visually impaired children, both those functioning at or near age level and those with significant additional handicaps or delays.
- The SCHOOL AGE category is most appropriate for students functioning at the normal academic level, kindergarten through high school.
- The instruments included for ADOLESCENT MULTIHANDICAPPED focus largely on activities of daily living and pre-vocational skills. These are more appropriate for older visually impaired/multihandicapped students than are preschool developmental assessments.

Instructions

1. Use the table below or on the next page which best fits the pupil being evaluated.
2. Decide the areas you want to assess.
3. Using the numbers in the righthand column, go to the alphabetical list which follows for important details about specific assessment instruments.
4. Record choices in form to the right. ----
5. Secure and administer the assessment instrument(s).

NAME OF STUDENT	
NUMBER	TITLE OF INSTRUMENT
TO BE ADMINISTERED BY	
NUMBER	TITLE OF INSTRUMENT
TO BE ADMINISTERED BY	
NUMBER	TITLE OF INSTRUMENT
TO BE ADMINISTERED BY	

(USE ADDITIONAL SHEET OF PAPER TO LIST OTHER INSTRUMENTS)

For PRESCHOOL AND YOUNG MULTIHANDICAPPED PUPILS

If you want to assess for. . .	The following assessment instruments will be useful:
A. ACHIEVEMENT	
B. CAREER EDUCATION	
C. COMMUNICATION	3 6 7 8 10 11 18 25 26 31 39 40 44 45 48 50 53 60
D. CONCEPT/COGNITIVE	5 6 7 11 13 18 25 26 30 31 39 45 48 50 53
E. LEARNING STYLE	6 11 26 28 50 54 60
F. ORIENTATION/MOBILITY/ MOTOR	5 7 11 18 22 25 26 27 29 31 32 33 34 36 37 38
G. SELF HELP	7 11 18 25 31 53
H. SOCIAL/EMOTIONAL	11 18 25 31 53
I. VISION	11 14 15 16 23 24 25 28 31 42 43 44 49 52 55 56

For SCHOOL AGE PUPILS (functioning at or near grade level)

If you want to assess for . . .	The following assessment instruments will be useful:
A. ACHIEVEMENT	8 9 17 35 61
B. CAREER EDUCATION	2 57 62
C. COMMUNICATION	6 21 39 48 50 53 54 58 59 60
D. CONCEPT/COGNITIVE	4 6 8 9 19 21 39 48 50 58 59 61
E. LEARNING STYLE	21 28 46 47 54 58 59 60
F. ORIENTATION/ MOBILITY	5 19 33 38 51 53
G. SELF HELP	51 53
H. SOCIAL/EMOTIONAL	53 62
I. VISION	6 14 21 28 35 38 42 43 48 51 52 54 55 56 58 59

For ADOLESCENT MULTIHANDICAPPED PUPILS

If you want to assess for . . .	The following assessment instruments will be useful:
A. ACHIEVEMENT	17 35 61
B. CAREER EDUCATION	2 41 57 62
C. COMMUNICATION	3 11 25 40 41 53
D. CONCEPT/COGNITIVE	11 25
E. LEARNING STYLE	41
F. ORIENTATION/ MOBILITY	11 25 33 38 53
G. SELF HELP	1 2 11 12 20 25 41 53
H. SOCIAL/EMOTIONAL	1 2 11 25 41 53 62
I. VISION	11 15 16 23 24 25 28 38 43 52 56

1. **ADAPTIVE BEHAVIOR SCALES**
   AGE LEVEL: Adolescent (Multiply Handicapped).
   WHO CAN ADMINISTER: Teachers, Therapists, Aides.
   AREAS ASSESSED: Activities of Daily Living skills and behavior disorders.
   ASSESSMENT TIME: Variable depending on how well student is known to observer/evaluator.
   VISUAL DEMANDS: For students with functional vision.
   COMMENTS: Checklist of 110 skills and habits important to independence in daily living and social situations. (Technical and diagnostic manual).
   PUBLISHER: Publishers Test Service
   2500 Garden Rd.
   Monterey, CA 93940
   Phone: 408-649-8400

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2. **ADVANCEMENTS: AN IMPLEMENTATION GUIDE TO A COMMUNITY-BASED VOCATIONAL TRAINING**
   AGE LEVEL: 16-22.
   WHO CAN ADMINISTER: Vocational Teachers.
   AREAS ASSESSED: Employment Placement Analysis, Parent Survey, Work Evaluation, Work Skills Assessment, and Entrance Criteria.
   ASSESSMENT TIME: Variable: some can be done in one day. Parent Survey dependent on when parent completes it. (It can be also completed in one day).
   VISUAL DEMANDS: Employment Placement Analysis takes into consideration visual demands of the job and appropriateness for visually impaired or blind students.
   COMMENTS: Most areas of assessment based on observation by vocational staff, school staff, or employer. Parent Survey based on parents' opinions.
   PUBLISHER: Perkins School for the Blind
   175 N. Beacon Street
   Watertown, MA 02172
   Phone: 617-924-3434

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3. **ASSESSSMENT OF AUDITORY FUNCTIONING OF DEAF-BLIND MULTIHANDICAPPED CHILDREN**
   AGE LEVEL: Children with multiple handicaps of any age with confirmed or suspected hearing loss.
   WHO CAN ADMINISTER: Teacher.
   AREAS ASSESSED: Six levels of auditory functioning: Awareness/Reflexive, Attention/Alerting, Localization, Auditory Discrimination, Recognition, Comprehension.
   ASSESSMENT TIME: Variable.
   VISUAL DEMANDS: Test items do not require vision.
   COMMENTS: This assessment instrument is designed to enable a teacher to determine to what extent a deaf-blind/multiply handicapped student uses his/her residual hearing. Appendices include information on interpreting auditory assessment/audiograms, hearing aids, a glossary of terms, and a list of toys calibrated for loudness level.

PUBLISHER: N.E.Regional Center for Services to Deaf-Blind Children
175 N. Beacon Street
Watertown, MA 02172
Phone: 617-924-3434

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4. **BLIND LEARNING APTITUDE TEST**
AGE LEVEL: 5-21.
WHO CAN ADMINISTER: Teacher, Psychologist.
AREAS ASSESSED: Concepts; Same/Different: Pattern Completion - consists of dots.
ASSESSMENT TIME: Varied.
PUBLISHER: University of Illinois Press
Urbana, IL 61801
Phone: 217-333-0950

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5. **BODY IMAGE OF BLIND CHILDREN**
AGE LEVEL: 5-15.
AREAS ASSESSED: Body Parts, Body Planes, Body Movements, Laterality, Directionality.
ASSESSMENT TIME: 30-75 minutes.
COMMENTS: Screening test for blind children.
PUBLISHER: American Foundation for the Blind
15 West 16th Street
New York, NY 10011
Phone: 800-232-5463

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6. **BOEHM TEST OF BASIC CONCEPTS**
AGE LEVEL: K-2 and older visually impaired students with delays.
WHO CAN ADMINISTER: Psychologist, Teacher.
AREAS ASSESSED: Basic concepts including Spatial, temporal, and qualitative concepts are assessed through pictorial items.
VISUAL DEMANDS: Pictures may be enlarged to clarify details, etc. Task is to interpret visual detail, pictures are bold black.
ADAPTIVE CONSIDERATIONS: Use a window to isolate item being worked on. Untimed, so it can be administered over a series of days. Tactile Test of Basic Concepts may be used with blind students (see# 50).
PUBLISHER: The Psychological Corp.
304 E. 45th Street
New York, N.Y. 10017

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7. **BRIGANCE INVENTORY OF EARLY DEVELOPMENT:**
AGE LEVEL: 0-7.
WHO CAN ADMINISTER: Teacher. May be used in cooperation with team (Occupational Therapist, Physical Therapist, Speech and Language Therapist).

AREAS ASSESSED: Pre-Ambulatory Motor Skills and Behavior, Gross Motor, Fine Motor, Self-Help, Pre-Speech, Speech and Language, General Knowledge and Comprehension, Readiness, Basic Reading Skills, Manuscript Writing, and Math.
ASSESSMENT TIME: Varies, may require several sessions.
VISUAL DEMANDS: Several developmental items requiring vision may be adapted.
ADAPTIVE CONSIDERATIONS: While not specifically designed for visually impaired children, it can be adapted to meet their needs.
COMMENTS: This tool covers Pre-Ambulatory Motor Skills through Basic Reading and Readiness. It is most useful for students functioning at higher levels; however, pre-ambulation section includes diagrams of skills to be achieved. Sample behavioral objectives are written for each skill/behavior.
PUBLISHER: Curriculum Associates
5 Esquire Road
N. Billerica, MA 01862
Phone: 508-667-8000

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8. **BRIGANCE COMPREHENSIVE INVENTORY OF BASIC SKILLS**
AGE LEVEL: 5-14 (Grades K-9).
WHO CAN ADMINISTER: Teacher.
AREAS ASSESSED: 203 skill sequences for Readiness, Reading, Listening, Research and Study Skills, Spelling, Language, and Math.
PUBLISHER: Curriculum Associates
5 Esquire Road
N. Billerica, MA 01862
Phone: 508-667-8000

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9. **BRIGANCE COMPREHENSIVE INVENTORY OF BASIC SKILLS: APH TACTILE SUPPLEMENT:**
Designed to be used with print edition of Inventory (see #8).
AGE LEVEL: 5-14 (Grades K-9).
WHO CAN ADMINISTER: Teacher who has skills in braille.
AREAS ASSESSED: 203 skill sequences for Readiness, Reading, Listening, Research and Study Skills, Spelling, Language, and Math.
COMMENTS: Enables teachers to use alternative tactile methods for testing - must be used with print copy of Brigance Comprehensive Inventory of Basic Skills listed above (see #8).
PUBLISHER: American Printing House for the Blind
1839 Frankfort Avenue
Louisville, KY 40206
Phone: 502-895-2405

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10. **BZOCH-LEAGUE RECEPTIVE-EXPRESSIVE EMERGENT LANGUAGE SCALE (REEL)**
AGE LEVEL: 0-3.
WHO CAN ADMINISTER: Speech therapist or teacher with extensive background in language development.
AREAS ASSESSED: Receptive & Expressive Language.
ASSESSMENT TIME: Varies.
VISUAL DEMANDS: Items using pictures can be adapted and/or enlarged.
ADAPTIVE CONSIDERATIONS: Designed for normal infants, may be adapted for use with children with visual impairments.
COMMENTS: Emphasizes auditory awareness; not appropriate for child with hearing loss.
PUBLISHER: Anhinga Press-Assorted Pub. Inc.
420 Blvd. P.O.Box 13501
Gainsville, FL 32604
Phone: 305-

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11. **CALLIER-AZUSA SCALE (1978 REVISION)**
AGE LEVEL: Deaf-blind and severely handicapped children functioning at 0-6 years.
WHO CAN ADMINISTER: Teacher or person very familiar with child.
AREAS ASSESSED: 18 subscales in 5 areas: Motor Development (Postural Control, Locomotion, Fine Motor, Visual-Motor); Perceptual Abilities (Visual, Auditory, Tactile Development); Daily Living Skills (Undressing & Dressing, Personal Hygiene, Feeding Skills, Toileting); Cognition, Communication and Language (Cognitive Development, Receptive Communication, Expressive Communication, Development of Speech); and Social Development (Interactions with adults, with peers, and with the environment).
COMMENTS: Callier/Azusa Scale H: Scales for the Assessment of Communicative Abilities looks at the following areas: Representational and Symbolic Development, Receptive Communication, Development of Intentional Communication, and Reciprocity.
ASSESSMENT TIME: Observation over at least a two week period.
VISUAL DEMANDS: Visual functioning is assessed.
PUBLISHER: Callier Center for Communication Disorders
1966 Inwood Road
Dallas, TX 75235
Phone: 214-905-3000

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12. **D.A.L.E LEVELS I & II (DEVELOPMENTAL ASSESSMENT OF LIFE EXPERIENCES)**
AGE LEVEL: Adolescent, adult, and multiply handicapped.
WHO CAN ADMINISTER: Teacher, Therapist, Counselor.
AREAS ASSESSED: Skills to function in community living.

ASSESSMENT TIME: Variable.
VISUAL DEMANDS: For students with functional vision.
COMMENTS: An inventory of skills and curriculum guidelines.
PUBLISHER: Gertrude Barber Center
136 East Avenue
Erie, PA
Phone: 814-453-7661

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13. **DASI-DEVELOPMENTAL ACTIVITIES SCREENING INVENTORY**
AGE LEVEL: 6-60 months.
AREAS ASSESSED: Fine Motor, Cause-Effect, Means-Ends Relationships, Association, Number Concepts, Size Discrimination, and Sequencing.
ASSESSMENT TIME: 30 minutes or longer; may complete in up to 3 sessions over 1 week.
ADAPTIVE CONSIDERATIONS: Manual describes adaptations for visually impaired or non-verbal children.
COMMENTS: This is a screening inventory rather than complete diagnostic assessment.
PUBLISHER: PRO-ED
5341 Industrial Oaks Boulevard
Austin, TX 78735
Phone: 512-451-3246

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14. **DEVELOPMENTAL TEST OF VISUAL-MOTOR INTEGRATION (VMI)**
AGE LEVEL: 3-8 (Short form) and 3-18 (Long form).
WHO CAN ADMINISTER: Teacher, Psychologist.
AREAS ASSESSED: Ability to reproduce a Visual Stimulus and Visual-Motor Integration.
ASSESSMENT TIME: Untimed, 15-30 minutes.
VISUAL DEMANDS: Can be used with low vision children.
COMMENTS: Requires child to reproduce 15 to 24 geometric forms; includes a form-copying manual that discusses the development of visual-motor integration. Booklet is green with thick black line drawings; space to reproduce item is bounded.
PUBLISHER: Modern Curriculum Press
13900 Prospect Road
Cleveland, OH 44136
Phone: 800-321-3106

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15. **FUNCTIONAL VISION ASSESSMENT OF YOUNG OR MULTIPLY HANDICAPPED CHILDREN**
AGE LEVEL: Birth to 5.
WHO CAN ADMINISTER: Teacher, Psychologist.
AREAS ASSESSED: Structural Defects and Behaviors, Reflexive Reactions, Eye Movements, Near Vision, Far Vision, Visual Field Defects, and Form and Depth Perception.
ASSESSMENT TIME: 30 minutes.
VISUAL DEMANDS: Visual assessment.

ADAPTIVE CONSIDERATIONS: Variety of toys and other objects should be employed; may require numerous trials with stimuli.
COMMENTS: Presupposes understanding of procedures to assess visual abilities.
PUBLISHER: Marianne Riggio
Grants Office
Perkins School for the Blind
175 N. Beacon Street
Watertown, MA 02172
Phone: 617-924-3434

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16. **FUNCTIONAL VISION INVENTORY**
(part of Peabody Model Vision Project by Bet Langley)
AGE LEVEL: Children with multiple handicaps of any age.
AREAS ASSESSED: Functional vision.
ASSESSMENT TIME: Varies, may be best over several sessions.
VISUAL DEMANDS: Assesses vision.
COMMENTS: This assessment goes into more detail than the "Look at Me" evaluation and requires further testing expertise. (It is recommended that two people perform this assessment, one to administer items, one to observe.) Items are included in the following categories: Structural Defects/Behavioral Abnormalities, Reflexive Reactions, Eye Movement, Near Vision, Distance Vision, Visual Field Preference, and Visual Perception. In addition, introductory material relating to major ocular impairment is included.
PUBLISHER: Stoelting Co.
1350 South Kostner Avenue
Chicago, IL 60623
Phone: 312-522-4500

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17. **GILMORE ORAL READING**
AGE LEVEL: Grades 1-8.
WHO CAN ADMINISTER: Teacher, Psychologist.
AREAS ASSESSED: Reading Accuracy, Speed, and Comprehension.
ASSESSMEMT TIME: 20-30 minutes.
VISUAL DEMANDS: Bold black type.
ADAPTIVE CONSIDERATION: Available in braille and large type.
PUBLISHER: American Printing House for the Blind
1839 Frankfort Avenue
Louisville, KY 40206
Phone: 502-895-2405

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18. **HAWAII EARLY LEARNING PROFILE (H.E.L.P.)**
AGE LEVEL: 0-3, multihandicapped preschoolers functioning at 0-3 years developmentally.
WHO CAN ADMINISTER: Teacher. May be used in cooperation with team of Occupational Therapist, Physical Therapist, and Speech Language Therapist.

AREAS ASSESSED: Cognitive, Expressive Language, Gross Motor, Fine Motor, Social-Emotional, Self-Help.
ASSESSMENT TIME: Varies; may require several sessions.
VISUAL DEMANDS: Several developmental items requiring vision may be adapted.
ADAPTIVE CONSIDERATIONS: While not specifically designed for children with visual impairments it can be adapted to meet their needs.
COMMENTS: Skills are broken down into very small steps, making it easier to measure progress in children experiencing delays. The Activity Guide Book assists in planning and task analysis, providing activities that teach each of the skills assessed in the profile chart.
PUBLISHER: Vort Corporation
P.O.Box 11132
Palo Alto, CA 94306
Phone: 415-322-8282

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19. **HILL PERFORMANCE TEST OF SELECTED POSITIONAL CONCEPTS**
AGE LEVEL: 6-10.
WHO CAN ADMINISTER: Teacher, Psychologist, Orientation and Mobility Instructor.
AREAS ASSESSED: Sensory, Concept, Mobility, and Motor Skills of blind and low-vision children.
ASSESSMENT TIME: Varies.
PUBLISHER: Stoelting Co.
1350 South Kostner Avenue
Chicago, IL 60623
Phone: 312-522-4500

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20. **"I CAN" ASSESSMENT**
AGE LEVEL: Adolescent-Adult.
AREAS ASSESSED: Community living skills.
ASSESSMENT TIME: No time limit.
VISUAL DEMANDS: Appropriate for clients with visual impairments.
COMMENTS: Very general.
PUBLISHER: N.E. Center for Deaf/Blind Services
175 Beacon N. Street
Watertown, MA 02172
Phone: 617-924-3434

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21. **ILLINOIS TEST OF PSYCHOLINGUISTIC ABILITY**
AGE LEVEL: Grades 2-6.
WHO CAN ADMINISTER: Teacher, Psychologist, Trained tester.
AREAS ASSESSED: Auditory/Visual, Decoding, and Processing Skills.
ASSESSMENT TIME: 1-1/2 hours.
VISUAL DEMANDS: Titles are difficult to see.
ADAPTIVE CONSIDERATIONS: Individual subtests are valuable.

PUBLISHER: Stoelting Co.
650 Wheat Lane
Wood Dale, IL 60191
Phone: 312-860-9700

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22. **INVENTORY OF PURPOSEFUL MOVEMENT**
AGE LEVEL: Birth-72 months.
WHO CAN ADMINISTER: Vision Teacher, Orientation and Mobility Instructor.
AREAS ASSESSED: Informal inventory using selected items from other assessment instruments for orientation and mobility.
ASSESSMENT TIME: Varies.
PUBLISHER: Tanni Anthony
SPED Service Agency
2211-B Arca Dr.
Anchorage, Alaska 99508
Phone: 907-279-9675

On loan from:
N.E. Center for Deaf/Blind Services
175 N. Beacon St.
Watertown, MA 02172
Phone: 617-924-3434

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23. **LIGHTHOUSE FLASHCARDS**
AGE LEVEL: Pre-school, multihandicapped students.
WHO CAN ADMINISTER: Teacher.
AREAS ASSESSED: Near and Distant Visual Acuity.
ASSESSMENT TIME: 10-45 minutes.
VISUAL DEMANDS: Utilizes black/white pictures of various sizes.
COMMENTS: Child must be able to identify, label, or match pictures: house, umbrella, and apple. Results in estimated acuity. Helpful to copy size pictures student can identify at various distances to give to classroom teacher and parents.
PUBLISHER: Lighthouse Low-Vision Products
N.Y. Assoc. for the Blind
111 E. 59th Street
N.Y., NY 10022
Phone: 800-453-4923

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24. **LOOK AT ME: A RESOURCE MANUAL FOR THE DEVELOPMENT OF RESIDUAL VISION IN MULTIPY IMPAIRED CHILDREN**
AGE LEVEL: Pre-school, multihandicapped students.
WHO CAN ADMINISTER: Vision Teacher.
AREAS ASSESSED: Functional vision.
ASSESSMENT TIME: Varies, may be best over several sessions.

VISUAL DEMANDS: Assesses vision.

COMMENTS: A useful functional vision assessment for multiply handicapped and young children; covers basic visual skills without going into detailed assessment of more advanced visual-motor or visual-perceptual skills; fairly easy to administer; helpful as an initial assessment, with further evaluation of more advanced visual skills needed. The manual also includes chapters covering Anatomy of the Eye, Basic Optical Principles, Common Eye Disorders and Diseases, and a Vision Stimulation Sequence (includes lessons, materials, etc. which follow along with the assessment). An excellent overview of functional vision evaluation and related optical consideration.

PUBLISHER: Pennsylvania College of Optometry Press
1200 W. Godfrey Avenue
Philadelphia, PA 19141
Phone: 215-276-6004

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25. **MANUAL FOR ASSESSMENT DEAF-BLIND/MH CHILD**

AGE LEVEL: Pre-school, Adolescent.

WHO CAN ADMINISTER: Teacher, Therapist, Orientation and Mobility Instructors.

AREAS ASSESSED: Gross Motor, Fine Motor, Personal Self-Help, Communication, Auditory Development, Visual Development, Cognition, Social, Mobility.

ASSESSMENT TIME: Variable dependent on whether the teacher is the sole evaluator or other therapists and specialists will be sharing in the task.

VISUAL DEMANDS: Item in scales that are inappropriate for students with no useable vision are indicated.

COMMENTS: This is a developmental checklist to measure student performance. Should be used in conjunction with other appropriate assessments to provide a comprehensive educational evaluation.

PUBLISHER: N.E. Center for Deaf/Blind Services
175 N.Beacon St.
Watertown, MA 02172
Phone: 617-924-3434

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26. **MCCARTHY SCALES OF CHILDREN'S ABILITIES**

AGE LEVEL: 2 1/2 to 8 1/2 years.

WHO CAN ADMINISTER: Psychologist.

AREAS ASSESSED: Six subscales: Verbal, Quantitative, Perceptual-Performance, Memory, Motor, General Cognitive Index-combination of the Verbal Quantitative & Perceptual-Performance scales.

ASSESSMENT TIME: 45 minutes-1 hour, less time needed for visually impaired children because only selected subtests can be used.

VISUAL DEMANDS: Perceptual-Performance & Motor Scales are not appropriate for visually impaired children. Verbal Scale-Picture Vocabulary Subtest can not be used. Memory Scale - Pictorial Memory Subtest can not be used. Most of Visual Scale and Memory Scale can be administered. The Quantitative Scale can be used.

COMMENTS: Directions for using the test with visually impaired & blind children are discussed in the book, Clinical Evaluation of Young Children with the McCarthy Scales by Alan & Nadine Kaufman, Grune & Stratton, 1977. Age equivalents for individual subtests are helpful in showing a range of skills.

PUBLISHER: Psychological Corporation
P.O. Box 839954
San Antonio, TX 78283-3954
Phone: 512-299-1061 / 800-228-0752

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27. **MILLER ASSESSMENT OF PRESCHOOLERS (MAP)**

AGE LEVEL: 2 yrs./9 mos.-5 yrs./8 mos.

WHO CAN ADMINISTER: Occupational Therapist, Teacher, Clinical Personnel.

AREAS ASSESSED: Neural Foundations, Co-ordination, Verbal, Non-Verbal, and Complex Tasks.

ASSESSMENT TIME: 20-30 minutes.

VISUAL DEMANDS: Several items may need to be adapted to provide greater visual contrast.

COMMENTS: Developed by an occupational therapist as a preschool screening to identify children who exhibit mild to moderate developmental delays. May be helpful in identifying subtle difficulties experienced by young children with functional visual skills. *

PUBLISHER: The Psychological Corporation
Order Service Center
P.O. Box 839954
San Antonio, TX 78283-3954
Phone: 800-228-0752

* Foundations and Coordination Indexes look at sensory and motor skills; verbal and non-verbal Indexes assess cognitive abilities; Complex Tasks Index measures sensorimotor abilities in conjunction with cognitive abilities, tasks require the interpretation of visual-spatial information. MAP administration/interpretation workshops may be available. For information contact Sandy Smith, Psychological Corp., 555 Academic Court, San Antonio, TX 78204.

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28. **MOTOR FREE VISUAL PERCEPTION TEST**
AGE LEVEL: 4-8 years.
WHO CAN ADMINISTER: Teacher, Psychologist.
AREAS ASSESSED: Visual Perceptual Abilities including: Figure-Ground, Visual Discrimination, Visual Memory, Visual Closure, Spatial Relationships.
ASSESSMENT TIME: Untimed, 8-30 minutes.
VISUAL DEMANDS: Uses black & white geometric and letter-like forms; good with low vision children.
COMMENTS: Standardized on motorically impaired & physically handicapped children; measures visual-perceptual abilities without involving motor components; child identifies geometric and letter-like forms. Good contrast, spacing of items.
PUBLISHER: Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025
Phone: 800-222-2670

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29. **MOVEMENT ANALYSIS AND CURRICULUM FOR VISUALLY IMPAIRED PRESCHOOLERS**
AGE LEVEL: Birth-72 months.
WHO CAN ADMINISTER: Teacher, Physical Therapist, Orientation and Mobility Instructor.
AREAS ASSESSED: Comprehensive teacher observation form for describing movement characteristics of young visually impaired children; also includes curriculum suggestions.
ASSESSMENT TIME: Varies.
PUBLISHER: Education Projects Distribution Center
Florida Dept. of Education
B-Collins Building
Tallahassee, FL 32399
Phone: 904-488-7101

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30. **ORDINAL SCALES OF PSYCHOLOGICAL DEVELOPMENT**
AGE LEVEL: 0-24 months; delayed children functioning cognitively less than 2 years.
WHO CAN ADMINISTER: Teacher familiar with Piaget's descriptions of sensori-motor development with practice in using scale.
AREAS ASSESSED: Sensori-Motor Level of Cognitive Development in 6 sub-scales: Visual Pursuit/Object Permanence, Means for Achieving Environmental Events. Causality, Spatial Relationships, Imitation (motor, verbal), and Object Schemes.
ASSESSMENT TIME: Varies, may be best used in several sessions.
VISUAL DEMANDS: Several sub-scales are visually oriented and require skillful adaptation for totally blind children, more easily adapted for low vision children.

COMMENTS: Scale assesses Concept Development rather than particular skills; requires extensive knowledge of Piaget to appropriately adapt.

PUBLISHER: Univ. of Illinois Press
Graduate School of Library and Information Science Publications Office
249 Amary Building
505 E. Amory Street
Champaign, IL 61820
Phone: 217-222-0950

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31. **OREGON PROJECT FOR VISUALLY IMPAIRED AND BLIND PRESCHOOL CHILDREN**

AGE LEVEL: 0-6 years.

AREAS ASSESSED: Cognitive Language, Gross Motor, Fine Motor, Self-Help, and Socialization.

ASSESSMENT TIME: Varies, may require several sessions.

VISUAL DEMANDS: Items which are not appropriate or which may be acquired at a later age by a blind child are so indicated.

COMMENTS: This skills inventory is a compilation of six developmental check lists completed by the teacher based upon observation of the child. The check lists are based on normal development. A curriculum guide, which lists several suggested activities for each assessment item, is also included. Field testing of a revised version is currently being conducted. The revision will include separate sections for Visual Skills, Early Age Compensatory Skills, and Tactual Skills. The cognitive section will be further divided to include: General Concepts, Body Image/Spatial Concepts, Classification/Seriation, Math, Reading, and Media Skills. The revised OR Project is expected to be available in summer, 1990.

PUBLISHER: OR Project
Jackson City Education Service District
101 N. Grape Street
Medford, OR 97501
Phone: 503-776-8580

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32. **ORIENTATION & MOBILITY BASIC SKILLS CHECKLIST FOR YOUNG CHILDREN**

AGE LEVEL: 12 months +.

WHO CAN ADMINISTER: Teacher, Orientation and Mobility Instructor.

AREAS ASSESSED: Body Awareness, Concepts, Environmental Awareness, and Travel Skills.

ASSESSMEMT TIME: Varies.

COMMENTS: Checklist is part of Games with a Purpose: A Collection of O & M Games

SOURCE: Vision Resources Library
Beaman St., Route 140
West Boylston, MA 01583
Phone: 508-835-6266

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33. ORIENTATION AND MOBILITY MATERIALS

1. O & M Screening Report
2. What To Look For In An O & M Screening
3. Triennial O & M Screening

AGE LEVEL: All ages.
WHO CAN ADMINISTER: Teacher, Orientation and Mobility Instructor.
AREAS ASSESSED: Background information and techniques for O & M screening.
PUBLISHER: Virginia Commission for the Visually Handicapped
Staples Mill Road
Richmond, VA 23230
Phone: 804-367-0030

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34. PEABODY DEVELOPMENTAL MOTOR SCALES

AGE LEVEL: 0-7.
WHO CAN ADMINISTER: Teacher, Physical Therapist, Occupational Therapist, Physical Education Teacher.
AREAS ASSESSED: Gross and fine motor skills.
ASSESSMENT TIME: Varies.
VISUAL DEMANDS: Some items require imitation of the evaluator's demonstration, thus a degree of functional vision is necessary in order to score the test in standardized manner.
COMMENTS: One of the better motor assessments for this age range in terms of standardization.
PUBLISHER: Developmental Learning Materials
1 DLM Park
P.O.Box 4000
Allen, TX
Phone: 214-727-3346

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35. PEABODY INDIVIDUAL ACHIEVEMENT TEST

AGE LEVEL: K-Adult.
WHO CAN ADMINISTER: Teacher, Psychologist.
AREAS ASSESSED: Reading Recognition, Reading Comprehension, Spelling, Math, General Information.
ASSESSMENT TIME: Untimed.
VISUAL DEMANDS: Some cards are clear with contrast. Some pictures for reading comprehension require fine visual discrimination of detail.
ADAPTIVE CONSIDERATIONS: Spot checking as reason for the subject choice will help determine if visual or reading problem.
PUBLISHER: American Guidance Services
Publisher's Building
Circle Pines, MN 55014
Phone: 612-786-4343

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36. **PEABODY MOBILITY KIT FOR THE BLIND STUDENT**
AGE LEVEL: 3-6.
WHO CAN ADMINISTER: Teacher, Orientation and Mobility Instructor.
AREAS ASSESSED: Motor, Sensory, Concept and Mobility Skills. For each of these skill sections, the Program provides both the Scale for testing the developmental level and the Training for step-by-step teaching of fundamental orientation and mobility skills.
ASSESSMENT TIME: Varies.
PUBLISHER: Stoelting Co.
650 Wheat Lane
Wood Dale, IL 60191
Phone: 312-860-9700

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37. **PEABODY MOBILITY KIT FOR INFANTS AND TODDLERS**
AGE LEVEL: 24 mo.- 3.
WHO CAN ADMINISTER: Teacher, Orientation and Mobility Instructor.
AREAS ASSESSED: Cognitive Skills, Motor Skills, Movement and Touch Skills, and Sound Localization Skills.
ASSESSMENT TIME: Varies.
PUBLISHER: Stoelting Co.
650 Wheat Lane
Wood Dale, IL 60191
Phone: 312-860-9700

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38. **PEABODY MOBILITY KIT FOR SIGHTED LOW VISION STUDENTS**
AGE LEVEL: All ages.
AREAS ASSESSED: Motor Skills, Vision Skills, Concept Skills and Mobility Skills. Visual Awareness, Visual Teaching and Scanning, Eye-Hand Coordination, Eye-Foot Coordination, Color and Direction Discrimination are examples of the programs which are presented in a complete, easy to follow sequence.
PUBLISHER: Stoelting Co.
650 Wheat Lane
Wood Dale, IL 60191
Phone: 312-860-9700

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39. **PEABODY PICTURE VOCABULARY TEST**
AGE LEVEL: 2-Adult.
WHO CAN ADMINISTER: Teacher, Psychologist, Speech Therapist.
AREAS ASSESSED: Verbal intelligence test using vocabulary with no reading required.
ASSESSMENT TIME: 20-30 minutes.
VISUAL DEMANDS: Pictures have been successfully enlarged for low vision students.

PUBLISHER: American Guidance Service
Publishers' Building
Circle Pines, MN 55014
Phone: 800-328-2560

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40. **PERKINS SIGN LANGUAGE**
AGE LEVEL: Birth to 15 years.
WHO CAN ADMINISTER: Teacher, Speech Therapist.
AREAS ASSESSED: Pre-Linguistic Manual Communication, Sign Language, Conversational English, Sign Communication and everyday language.
ASSESSMENT TIME: Varies.
VISUAL DEMANDS: Designed for students who have sufficient vision to receive gestural communication visually.
ADAPTIVE CONSIDERATIONS: Scoring instructions allow administrator to indicate items which are not appropriate.
PUBLISHER: Perkins School for the Blind
175 N. Beacon Street
Watertown, MA 02172
Phone: 617-924-3490, Ext.316

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41. **PREVOCATIONAL ASSESSMENT AND CURRICULUM GUIDE BY MITHAUG, MAR, AND STEWART**
AGE LEVEL: Adolescent-Adult.
WHO CAN ADMINISTER: Teacher, Vocational Evaluator.
AREAS ASSESSED: Attendance/Endurance, Independence, Production, Learning, Behavior, Communication Skills, Social Skills, and Self-Help.
ASSESSMENT TIME: No time limit.
COMMENTS: Assessment leads into goals from Curriculum Guide.
PUBLISHER: New England Center for Deaf/Blind Services
175 Beacon St.
Watertown, MA 02172
Phone: 617-924-3434

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42. **PROGRAM TO DEVELOP EFFICIENCY IN VISUAL FUNCTIONING: DIAGNOSTIC ASSESSMENT PROCEDURE AND DESIGN FOR INSTRUCTION**
AGE LEVEL: 3-Adult, developmental tasks from 1 mo. to 7 years.
AREAS ASSESSED: Low vision: Awareness of Visual Stimuli; Movement Control of Eyes; Discrimination of Shape and Color; Exploration, Discrimination, Use of Objects; Discrimination, Identification, and Reproduction of Abstract Figures, Symbols; Perception of Relationships in Pictures, Abstract Figures, Symbols, and Identification, Perception, Reproduction of Symbols.
ASSESSMENT TIME: Varies, may be best over several sessions for younger students.
VISUAL DEMANDS: Assesses visual functioning.

COMMENTS: The purposes of this program are to provide a means to evaluate the level of visual functioning in low vision persons and to train such persons to use their vision efficiently. This assessment is appropriate for children with cognitive functioning of at least 3 years. Suggested lessons and pictorial materials which correspond to the assessment items are also included. The Source Book on Low Vision contains a wealth of background material on low vision. Kit includes all items needed for assessment.

PUBLISHER: American Printing House for the Blind
1839 Frankfort Ave.
Louisville, KY 40206
Phone: 502-895-2405

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43. **PROJECT IVEY: INCREASING VISUAL EFFICIENCY, Volume V-E**

AGE LEVEL: Pre-school and multihandicapped students; low vision aids for all ages.

WHO CAN ADMINISTER: Vision Teacher, Low Vision Specialist.

AREAS ASSESSED: Functional vision, use of low vision aids.

ASSESSMENT TIME: Varies, may be best over several sessions.

VISUAL DEMANDS: Assesses functional vision.

COMMENTS: Includes curriculums in Vision Stimulation (covers information from Look at Me, see #24, and training in the use of Low Vision Aids. Very comprehensive guide with a wealth of useful background information on Vision Stimulation and Low Vision Aids, and appendices covering Staff Development and Parent Training.

PUBLISHER: Education Projects Distribution Center
Florida Dept. of Education
B-Collins Building
Tallahassee, Florida 32399
Phone: 904-488-7101

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44. **PSYCHOLOGICAL S-R EVALUATION FOR SEVERELY MULTIPLY HANDICAPPED CHILDREN**

AGE LEVEL: Birth-5 years.

WHO CAN ADMINISTER: Teacher, Psychologist.

AREAS ASSESSED: Auditory Language, VisualMotor, Tactile Differentiation.

ASSESSMENT TIME: Varies.

VISUAL DEMANDS: Not specific to students with visual impairments, but constructed for severely multihandicapped children who cannot participate in standardized testing in one or more learning areas.

ADAPTIVE CONSIDERATIONS: Offers adaptations for nonverbal children.

COMMENTS: Useful for screening intactness of Visual Systems, Functional Hearing, and Receptive and Expressive Language.

PUBLISHER: Meeting Street School
Waterman Street
East Providence, RI 02900
Phone: 401-438-9500

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45. **REYNELL ZINKIN SCALES FOR YOUNG V.H. CHILDREN**
AGE LEVEL: 2 months-5 years.
WHO CAN ADMINISTER: Teacher, Psychologist.
AREAS ASSESSED: Intellectual development by 7 scales: 1) Social Adaptation, 2) Sensori-Motor Understanding, 3) Environmental Exploration, 4) Response to Sound and Verbal Comprehension, 5) Vocalization and Expressive language (Structure), 6) Expresssive Language, Vocabulary and Content, and 7) Communication.
COMMENTS: Scale is intended to be used as a basis for developmental help, not to provide IQ score. Looks at intellectual processes, not skills acquired. Age levels are provided for sighted, partially sighted, and blind children.
ADAPTIVE CONSIDERATIONS: Flexibility permits modifications.
PUBLISHER: Stoelting Co.
650 Wheat Lane
Wood Dale, IL 60191
Phone: 312-860-9700

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46. **ROUGHNESS DISCRIMINATION TEST**
AGE LEVEL: Grades K-1.
WHO CAN ADMINISTER: Vision Teacher.
AREAS ASSESSED: Tactual ability for predicting braille reading readiness.
ASSESSMENT TIME: Varies.
PUBLISHER: American Printing House for the Blind
1839 Frankfort Avenue
Louisville, KY 40206
Phone: 502-895-2405

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47. **SLINGERLAND ASSESSMENTS**
AGE LVEL: Pre-reading-Grade 6.
WHO CAN ADMINISTER: Teacher, Learning Disabilities Specialist.
AREAS ASSESSED: Decoding, Processing, Encoding skills for visual/auditory stimuli.
ASSESSMENT TIME: 1:15-1:30.
VISUAL DEMANDS: Copying at near and far points.
ADAPTIVE CONSIDERATIONS: Can isolate some items.
COMMENTS: Correlates highly with school tasks and prepared materials.

PUBLISHER: Educators Publishing Service
75 Moulton Street
Cambridge, MA 02238-9101
Phone: 617-547-6706

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48. **STANFORD BINET**
AGE LEVEL: 2-Adult.
WHO CAN ADMINISTER: Certified or Licensed Psychologist.
AREAS ASSESSED: Cognitive functioning.
ASSESSMENT TIME: Varies.
VISUAL DEMANDS: At younger ages materials appropriate to children with low vision.
ADAPTIVE CONSIDERATIONS: Each age range has one alternate test which can be used if a subtest is inappropriate due to vision.
COMMENTS: 1)Relies on strong verbal environment and 2) Based on experiences not common to visually impaired and blind children.
PUBLISHER: Riverside Publishing Co.
8420 Bryn Mawr Avenue
Chicago, IL 60631
Phone: 800-323-9540

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49. **STYCAR VISION TEST**
AGE LEVEL: 6 mos - 7 yrs.
WHO CAN ADMINISTER: Examiner (Ophthalmologist, Educator) should have training and practice in using test.
AREAS ASSESSED: Near and Distant Vision, Peripheral Vision, Mounted Balls Test; 6 mo.-2 yrs: Graded Balls Test; 2-3 yrs: Miniature Toys Test, and Panda Test.
ASSESSMENT TIME: Varies, 15 mins. to several sessions.
VISUAL DEMANDS: Various tests use balls, objects, and letter cards.
COMMENTS: Several methods of testing are available to estimate Near, Distant, and Peripheral Vision.
PUBLISHER: NFER-Nelson Publishing Co.
Darville House
2 Oxford Road East
Windsor, Berks SLA IDF

Also available from:
Institute of Psychological Research
34 Fleury St., West
Montreal, Quebec
H3L 9Z9
Canada
Phone: 514-382-3000

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50. **TACTILE TEST OF BASIC CONCEPTS**
AGE LEVEL: Grades K-2 and older delayed students.
WHO CAN ADMINISTER: Psychologist, Teacher.
AREAS ASSESSED: Tactile Discrimination, Language, Basic Concepts, Following Directions, Spatial Orientation, and Body Image.
VISUAL DEMANDS: No visual demands.
ADAPTIVE CONSIDERATIONS: None.
COMMENTS: This is a tactile version of the Boehm Test of Basic Concepts.
PUBLISHER: American Printing House for the Blind
1839 Frankfort Avenue
Louisville, KY 40206
Phone: 502-895-2405

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51. **TEACHER'S GUIDE TO THE SPECIAL EDUCATIONAL NEEDS OF BLIND AND VISUALLY HANDICAPPED CHILDREN:**
Sally S. Mangold, Editor, 1982
FUNCTIONAL VISION CHECKLIST - Summary Sheet-Academics, Physical Education Information Sheet, and Daily Living Skills, Low Vision Evaluation for Mobility Referral.
PUBLISHER: American Foundation f/t Blind
15 West 16th Street
NY, NY 10011
Phone: 212-620-2000

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52. **TEST OF VISUAL-PERCEPTUAL SKILLS (NON-MOTOR), GARDNER (TVPS)**
AGE LEVEL: 4-12 years.
WHO CAN ADMINISTER: Professionals familiar with TVPS including Teacher, Psychologist, Occupational Therapist, and Optometrist.
AREAS ASSESSED: Visual Perception in the following areas: Visual Discrimination, Visual Memory, Visual-Spatial Relationships, Visual Form Constancy, Visual Sequential Memory, Visual Figure-ground, and Visual Closure.
ASSESSMENT TIME: 7-15 minutes, may take longer with young or easily distracted child who needs to take "breaks" between subtests.
VISUAL DEMANDS: Test plates are clear black on white.
COMMENTS: Purpose of test is to determine a child's visual-perceptual strengths and weaknesses based on non-motor visual-perceptual testing; does not measure visual acuity. Scores may be converted to percentile ranks and perceptual ages.
PUBLISHER: Special Child Publications
J.B. Preston, Editor & Publisher
P.O. Box 33548
Seattle, Washington 98133
Phone: (206) 771-5711

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53. **VINELAND ADAPTIVE BEHAVIOR SCALE**
AGE LEVEL: 0-25 yrs.
WHO CAN ADMINISTER: Psychologist, Teacher.
AREAS ASSESSED: Language, Motor, Self Help, and Socialization.
ASSESSMENT TIME: 20-40 minutes.
VISUAL DEMANDS: None.
COMMENTS: Requires a reliable informant. Results in a very gross assessment; no norms for visually impaired or blind students.
PUBLISHER: American Guidance
Publishers Building
Circle Pines, MI 55014
Phone: 612-786-4343

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54. **VISUAL AURAL DIGIT SPAN**
WHO CAN ADMINISTER: Teacher, Psychologist.
AGE LEVEL: 5-12 yrs.
AREAS ASSESSED: Visual/Auditory Decoding/Processing Skills and Learning Style.
ASSESSMENT TIME: Varied.
VISUAL DEMANDS: Cards are clear black on white. It can be used with students with low vision.
PUBLISHER: Psychological Corporation
Order Service Center
P.O. Box 839954
San Antonio, TX 78283-3954
Phone: 800-228-0752 / 512-299-1061

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55. **VISUAL EFFICIENCY SCALE**
Natalie Barraga, Editor, 1970
AGE LEVEL: 6-14.
WHO CAN ADMINISTER: Vision Teacher.
AREAS ASSESSED: Visual efficiency.
ASSESSMENT TIME: 30-50 minutes.
VISUAL DEMANDS: Test items become progressively smaller in size; Geometric Forms, Shapes, Letters, and Words are used.
COMMENTS: This test is less time-consuming to administer and has fewer motoric demands than the "Diagnostic Assessment Procedure" (DAP). The student must point to or mark the correct answer in the printed test booklet. The accompanying "Teacher's Guide for Development of Visual Learning Abilities and Utilization of Low Vision" includes a useful suggested sequence of activities for visual development, but the objectives do not parallel the assessment items as closely as those in the "Program to Develop Efficiency in Visual Functioning" (DAP).

PUBLISHER: American Printing House f/t Blind
1839 Frankfort Avenue
Louisville, KY 40206
Phone: 502-895-2405

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56. **VISUAL FUNCTIONING ASSESSMENT TOOL**
AGE LEVEL: Grades K-HS, Multiply Handicapped students.
WHO CAN ADMINISTER: Vision Teacher, Orientation and Mobility Instructor.
AREAS ASSESSED: Comprehensive assessment of student's visual functioning in an educational setting covers: Appearance of Eyes; Basic Responses; Fixation; Tracking; Saccadic movement; Scanning; Visual Field; Depth Perception; Eye-Hand Coordination; Eye-Foot Coordination; Visual Imitation and Memory; Visual Discrimination; Visual Perception; Concept of Self and Objects in Space; Pictures; Visual Environment; and Mobility.
ASSESSMENT TIME: Varies.
COMMENTS: Informal assessment tool is long (Recording booklet is 82 pages!). Entire assessment not meant to be given to each student. Describes each skill by item, materials needed, techniques for accessing, and implications
PUBLISHER: Stoelting Co.
650 Wheat Lane
Wood Dale, IL 60191
Phone: 312-860-9700

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57. **VOCATIONAL ASSESSMENT AND CURRICULUM GUIDE**
AGE LEVEL: Adolescent-Adult.
WHO CAN ADMINISTER: Teacher, Vocational Evaluator.
AREAS ASSESSED: Attendance/Endurance, Independence, Production, Learning, Behavior, Communication Skills, Social, Self-Help, and Academic Skills.
ASSESSMENT TIME: No time limit. Inventory to be filled out by someone who knows client well.
COMMENTS: Assessment leads into goals from curriculum guide.
PUBLISHER: New England Center for Deaf/Blind Services
175 N. Beacon Street
Watertown, MA 02172
Phone: 617-924-3434

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58. **WECHSLER ADULT INTELLIGENCE SCALE**
AGE LEVEL: Adult
WHO CAN ADMINISTER: Certified or licensed Psychologist.
AREAS ASSESSED: Verbal Performance Skills yields IQ score.
ASSESSMENT TIME: Varies.

VISUAL DEMANDS: Verbal Scale can be administered to totally blind client. Performance Scale should be attempted by anyone with useable vision.
ADAPTIVE CONSIDERATIONS: Results recorded on performance scale as: 1) Achieved in standard time, 2) In time and a half, and 3) Untimed.
COMMENTS: Although Verbal Scale can be administered to totally blind client, many questions depend on sighted experience. No norms for visually impaired clients available.
PUBLISHER: Psychological Corporation
555 Academics Court
San Antonio, TX 78204
Phone: 512-299-1061 / 800-228-0752

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59. **WECHSLER INTELLIGENCE SCALE FOR CHILDREN-REVISED (WISC-R, 1974)**
AGE LEVEL: 5-15
WHO CAN ADMINISTER: Certified or licensed Psychologist.
AREAS ASSESSED: Verbal Performance Skills yields IO score.
ASSESSMENT TIME: Varies according to the child.
VISUAL DEMANDS: Verbal Scale can be administered to totally blind child. Performance Scale should be attempted by any one with useable vision.
ADAPTIVE CONSIDERATIONS: Results recorded on performance scale as: 1) Achieved in standard time, 2) In time and a half, or 3) Untimed.
COMMENTS: Although Verbal Scale can be administered to totally blind child many questions depend on sighted experience. No norms for blind or visually impaired children available.
PUBLISHER: Psychological Corporation
555 Academics Court
San Antonio, TX 78204
Phone: 512-299-1061 / 800-228-0752

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60. **WEPMAN TEST OF AUDITORY DISCRIMINATION**
AGE LEVEL: Preschool to Adult.
WHO CAN ADMINISTER: Teacher, Psychologist.
AREAS ASSESSED: Ability to auditorally discriminate phone messages.
ASSESSMENT TIME: 15-25 min.
PUBLISHER: Western Psychological Services
P.O. Box 775
Beverly Hills, CA 90213
Phone: 213-478-2061

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61. **WIDE RANGE ACHIEVEMENT TEST**
AGE LEVEL: 5-Adult.

WHO CAN ADMINISTER: Teacher, Psychologist.
AREAS ASSESSED: Spelling, Arithmetic, and Reading.
ASSESSMENT TIME: 30-45 min.
VISUAL DEMANDS: Available in large type and braille. Set up of Arithmetic Subtest is confusing.
ADAPTIVE CONSIDERATIONS: Isolate test items by window or cutting out and placing on index cards.
COMMENTS: Good screening instrument. Also yields a standard score.
PUBLISHER: Guidance Association
1526 Gilpin Avenue
Wilmington, DE 19806

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62. **WORK HABIT RATING GUIDE**
AGE LEVEL: Adolescent and Adults.
AREAS ASSESSED: Social skills, Work Habits, and Performance are rated.
ASSESSMENT TIME: No time limit.
COMMENTS: Records level of assistance needed for task.
PUBLISHER: Callier Center for Communication Disorders
1966 Inwood Road
Dallas, TX 75235
Phone: 214-905-3060

Step 8. Identify potential media for reading.

Instructions for Use of

FORM 8. GUIDE TO IDENTIFY POTENTIAL MEDIA FOR READING

PURPOSE OF FORM 8

- The results of the assessments and interviews of the first seven steps will have generated a great deal of information which will now be helpful in identifying potential media for reading.

- FORM 8 enables the Vision Teacher/Consultant to generalize on these data using certain key factors as he/she proceeds through the GUIDE.

- Using the guide tempered by other appropriate data, the teacher is able to identify the most viable media during the period covered by the emerging educational plan.

- It is helpful for the vision teacher to be able to do this prior to formulating recommendations for services to the TEAM.

SUGGESTIONS FOR USE OF FORM 8

FORM 8 is a guide which can be used in a number of different situations to help identify the media for reading, such as:

- For visually impaired children ages three and older who are being assessed for the first time.

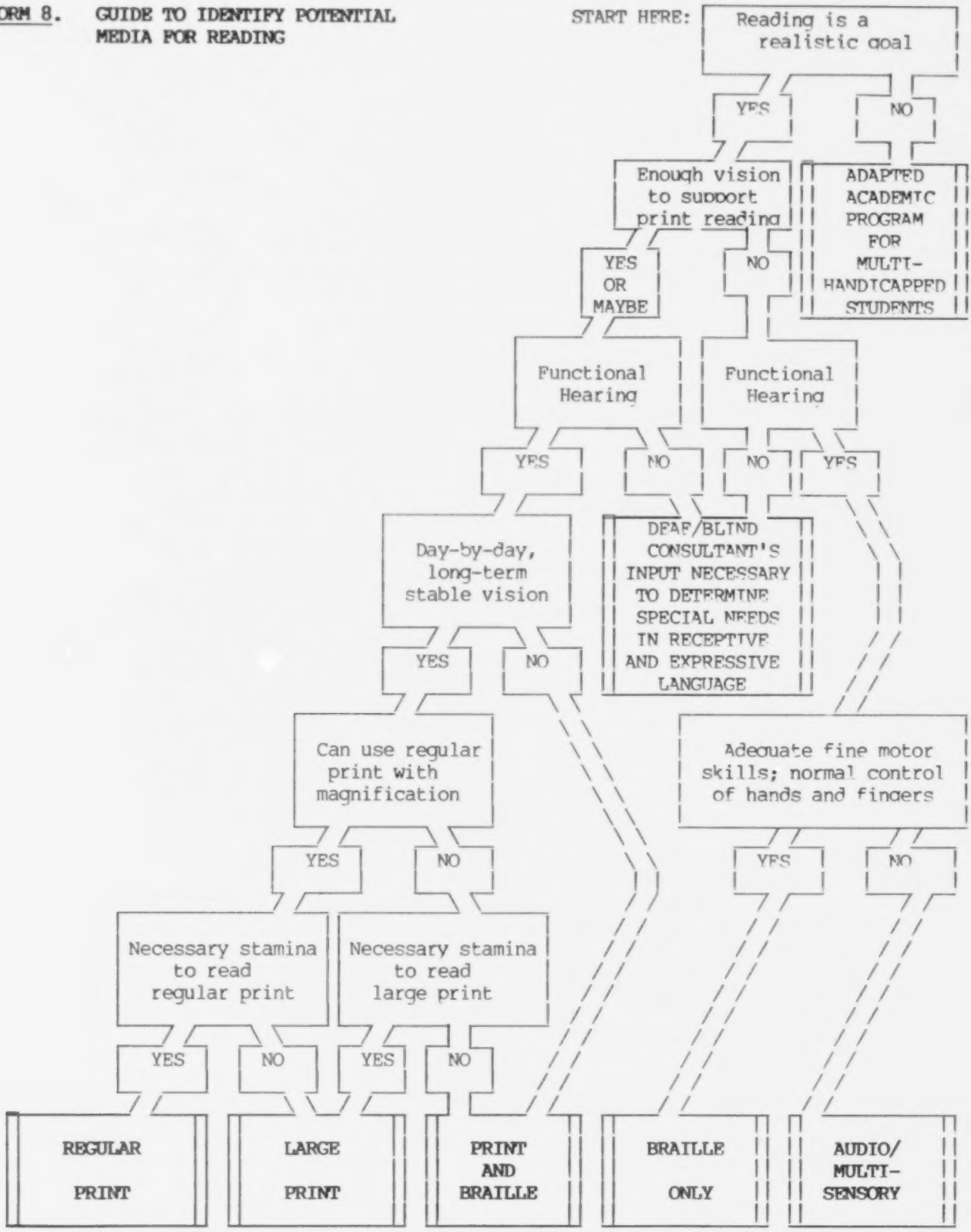
- At any time if the eye condition changes to affirm the present strategy for teaching reading or develop a new strategy.

- At any time for a formerly sighted student who has lost or may be in danger of losing sight because of accident or disease.

NOTE:

Several factors were not taken into consideration in the creation of this GUIDE: the motivation of students; the lack of tolerance on the part of the student toward various kinds of specialized materials and equipment; and factors in the home environment which may determine the amount of support a child would receive as he/she reads or learns to read. There may be other factors that might dictate a different choice than the one arrived at by using the sorting factors in the decision tree. Therefore, any recommendation should be considered tentative, and requires regular review.

FORM 8. GUIDE TO IDENTIFY POTENTIAL MEDIA FOR READING



Guidelines for Choosing Reading Modality

Contributed by Staff of Education Consultants, Connecticut State Board of Education and Services for the Blind.

Introduction:

The decision as to whether print or braille should be the primary reading method for a student is based on a number of interrelated factors. Essentially, the factors are highly individualized in each student's case, and must take into account the student's medical, educational, personal and family circumstances. The information that gives relative weight to each factor is obtained from a variety of sources including doctors, teachers of the visually handicapped, classroom teachers and related school personnel, parents and the student. The factors that should be considered fall into two major categories: visual considerations and functional considerations.

I. VISUAL CONSIDERATIONS include factors that are related to the causes of the visual disability and the effects of the eye condition.

A) Visual acuity refers to accurate clinical measures taken by a practitioner skilled in low vision services; 20/200 or less is the threshold of the legal blindness range and many students near this measure of visual acuity can read either regular or large print comfortably and efficiently. If the visual acuity is measured at 20/800 or less, it is likely that braille will be given primary consideration; in fact it may be the only option available. Most students, however, fall into the grey area between these two clinical measurements, and many students can use the limited residual vision more comfortably and efficiently than others with similar measurements.

B) Visual efficiency refers to the prognosis or predictability of the eye condition and its effects.

1. Fluctuating vision can affect a student's ability to read regular or large print at any given time. If a student can read print only when his vision is at its best, then braille may offer a comfortable alternative for the occasions when visual functioning is less than optimal.

2. Deteriorating or fragile vision may suggest that braille be taught as an alternative to print reading for the future. In such a situation, print can be taught along with braille.

II. FUNCTIONAL CONSIDERATIONS include how well an individual uses his/her remaining vision and under what conditions he/she is required to use it.

A. Reading speed refers to how fast a student can read regular print, large print or braille. Any of the three reading methods could be emphasized as the primary one if the other methods

prove slower, or if the student can work more quickly using that modality.

B. Print size is a factor that affects speed, comfort, and efficiency of reading. If the student needs 30 point print or larger, a stronger emphasis might be well placed on braille as the primary method. Braille should also be carefully considered if the student is totally dependent on a closed circuit television set or similar mechanical or electronic device. Generally, 18 point print read at a distance of two inches represents a practical use of the print medium, and is likely to be more efficient than braille.

1. Visual reading of the print dots is usually a very clear indication that the student could work equally well, if not better with regular or large print.

C. Fatigue refers to eye strain or tiredness, physical exhaustion or poor posture that could result from a student's attempting to work with print. In such a situation, braille might be considered the wiser choice.

D. Physical attributes of the student, such as motor coordination, dexterity, finger sensitivity and relative strengths in the visual, tactual or auditory pathways, should be considered in determining the reading medium. A student with limited tactile sensitivity or poor fine motor coordination may be unable to master the braille system.

E. A student's intellectual capacity is a key determinant of whether literacy is a reasonable educational goal. The ability to identify and interpret forms and shapes (tactually or visually) and to make comparisons among them is a pre-requisite to reading.

F. Motivation refers to the student's willingness and eagerness to learn. In this, if the alternatives of either print or braille are not yet decided upon, the students's preference could become the determination of the primary method.

G. Emotional and social factors are closely tied to motivation. A student who is having difficulties adjusting to a visual handicap is likely to reject braille reading, and premature introduction of this method could have serious negative effects in facilitating a successful adjustment. Such a student may reject orientation and mobility training and personal management instruction as well as braille, in the hope of not "being different". This is particularly true of adventitiously blind older students who have not yet had the opportunity to mourn the loss of vision. The introduction of braille should be carefully timed in order to facilitate the adjustment process.

H. Future possibilities or probabilities are the most difficult factors that need to be considered. Nevertheless, educators and specialists must try to anticipate the student's needs and circumstances in the future.

After all other factors have been considered, and there is still no clear indication as to which method would be the more appropriate, then both print and braille could be given equal emphasis until the student's preference becomes the final determinent. Working with both print and braille is not confusing for most students, and working with both allows time for the student to evaluate and discuss his/her needs and preferences with teachers, family and friends. As the primary method is finally chosen at some time in the future, a student who has learned both methods can still call upon either one as future needs and circumstances require.

Step 9. Summarize results of interviews and assessments and determine recommendations.

Instructions for Use of

Form 9a. **VISION TEACHER/CONSULTANT'S RECOMMENDATIONS FOR SERVICES**

Form 9b. **SUMMARY OF ASSESSMENTS ADMINISTERED BY OR ADMINISTERED UNDER THE DIRECTION OF THE VISION TEACHER/CONSULTANT**

PURPOSES OF FORM 9a AND 9b

- To summarize findings and results of all assessments, evaluations, and interviews done by the Vision Teacher/Consultant or done under the Vision Teacher/Consultant's direction. (Form 9b)

- To provide a summary form on which the Vision Teacher/Consultant, after reviewing the findings and results of all assessments, evaluations, and interviews, can make specific recommendations for services. (Form 9a)

FORMS 9a AND 9b TO BE COMPLETED BY:

- Vision Teacher/Consultant, completing Form 9b prior to making recommendations on Form 9a.

- Completing Form 9b first gives the Vision Teacher/Consultant the opportunity of reviewing the findings and results of assessments and interviews.

- Form 9a appears first in this "double form" in order to emphasize the importance of the Vision Teacher/Consultant's recommendations.

SUGGESTIONS FOR USE OF FORMS 9a AND 8b

- Provides Vision Teacher/Consultant with highly specific "tool" for sharing his/her recommendations and rationale for making recommendations with the TEAM Chairperson and the Administrator of Special Education prior to the TEAM meeting. (Step 10)

- Forms when completed serve as the Vision Teacher/Consultant's report at the TEAM meeting. (Conclusion)

- Note that completed FORMS 9a and 9b serve as a summary and should be attached to a full report of the Vision Teacher/Consultant's evaluation.

FORM 9a VISION TEACHER/CONSULTANT'S RECOMMENDATIONS FOR SERVICES	NAME OF STUDENT	IEP NUMBER
NAME OF VISION TEACHER/CONSULTANT	DATE OF TEAM MEETING	PLACE OF TEAM MEETING

To be completed only after reviewing all assessments and evaluations.

NATURE OF VISION LOSS (AND OTHER HANDICAPPING CONDITIONS)

IMPLICATIONS FOR EDUCATION OF STUDENT - EDUCATIONAL NEEDS

RECOMMENDATIONS FOR SERVICES	HOURS FOR ABOVE PERIOD		
	PER WEEK	PER MONTH	FOR YEAR
DIRECT TEACHING			
CONSULTATION with classroom teacher(s) (and specialists as needed)			
ORIENTATION AND MOBILITY TRAINING to be provided by_____ *			
PREPARATION OF SPECIALIZED LEARNING MTLS provided by_____			
HOME VISITATIONS and/or PARENT CONSULTATIONS			
Additional ASSESSMENTS/EVALUATIONS to be done by_____			
Estimated Total Hours			

SUPPORT SERVICES TO BE CONSIDERED BY THE TEAM

EQUIPMENT NEEDS

SHOULD STUDENT PARTICIPATE IN STATE-MANDATED TESTING? ___ YES ___ NO

SIGNATURE OF VISION TEACHER	DATE

* ☐ See assessment of orientation and mobility needs.

FORM 9b. **SUMMARY OF ASSESSMENTS ADMINISTERED BY OR ADMINISTERED UNDER THE DIRECTION OF THE VISION TEACHER**

NAME OF STUDENT

NAME OF ASSESSMENT INSTRUMENT	ADMINISTERED BY	DATE

SUMMARY OF FINDINGS OR RESULTS

NAME OF ASSESSMENT INSTRUMENT(S)	ADMINISTERED BY	DATE

SUMMARY OF FINDINGS OR RESULTS

TO SUMMARIZE ADDITIONAL ASSESSMENTS, USE A SECOND FORM

Step 10. Present summmary and recommendations to the TEAM Chairperson and Administrator of Special Education

Instructions for Use of

F O R M 10

MEMORANDUM TO TEAM CHAIRPERSON AND ADMINISTRATOR OF SPECIAL EDUCATION

PURPOSES OF FORM 10

- To invite TEAM Chairperson and Administrator of Special Education to meet with Vision Teacher/Consultant to preview teacher's summary and recommendations prior to the TEAM meeting.

- To provide these two persons the details of the extensive scope of the assessment procedures.

FORM 10 TO BE COMPLETED BY:

- Vision Teacher/Consultant.

SUGGESTIONS FOR USE OF THIS FORM

- The meeting provides the Vision Teacher/Consultant an opportunity to review the total assessment process for the Administrator of Special Education and the TEAM Chairperson. They are made aware that the Vision Teacher/Consultant's recommendations are based on a number of intensive assessments and interviews.

- After this review, the TEAM Chairperson is in a better position to plan a productive agenda for the TEAM meeting.

FORM 10. **MEMORANDUM TO TEAM CHAIRPERSON AND ADMNISTRATOR OF SPECIAL EDUCATION**

Suggestion: You may want to affix the school letterhead on the top part of this form.

Date_____

To: _____, TEAM Chairperson

_____, Administrator of Special Education

From: _____, Teacher/Consultant for Visually Impaired Students

Subject: Request for meeting with you to review findings and results of assessments and interviews and my recommendations for placement and vision services. . .

for_____ whose TEAM meeting is

scheduled for_____ on _____

in Room _____ at _____.

Prior to this pupil's TEAM meeting, I would like to share with you:

- A summary of findings and results of assessment instruments administered and interviews conducted.
- My recommendations for placement and vision services.

Our meeting together will give you an opportunity to become aware in some detail of the nature of this pupil's visual deficits and concomitant problems as well as needs for services.

I will be contacting you to set a mutually agreeable time for us to meet.

Conclusion: Prepare for presentation and participation in TEAM meeting.

Instructions for

MAKING YOUR PRESENTATION AND PARTICIPATING IN THE TEAM MEETING

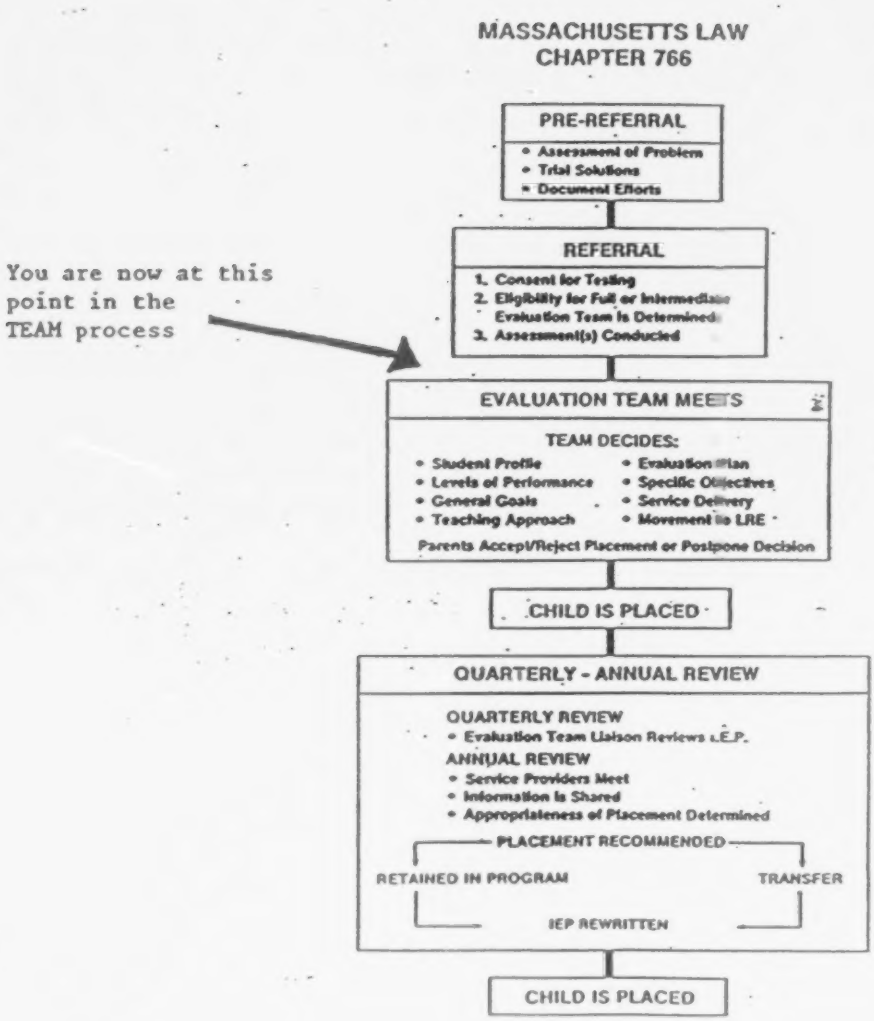
PURPOSES OF CONCLUSION

To help Vision Teacher/Consultant realize:

- That intelligent, forthright participation as a member of the TEAM is a crucial final step in the assessment
- That ultimately it is the whole TEAM which makes the final decisions on placement and services.

SUGGESTIONS FOR CONCLUSION

- Review chart on reverse side. Chart indicates where TEAM participants are at the end of the assessment process.
- Then read CONCLUSION - MAKING YOUR PRESENTATION AND PARTICIPATING IN THE TEAM MEETING. (There are no more forms to complete!) After a general introduction, excerpts from a Massachusetts Department of Education publication are included to emphasize that the "process" of a TEAM meeting is every bit as important as its "substance".
- You are encouraged to read other references which provide insights on how people can work together effectively in small groups.



(Diagram from P.17, Module One, The Individualized Educational Plan, A Decision-Making Process, Massachusetts Department of Education, November, 1979. CONNECTIONS PUBLICATIONS, 52 Lee Street, Cambridge, MA 02139.)

CONCLUSION. MAKING YOUR PRESENTATION AND PARTICIPATING IN THE TEAM MEETING

The first ten steps in the special education assessment of a visually impaired student have now been completed. The activities which have taken place up to this point - the letters, the interviews, the assessments and the evaluations, the preliminary consultations - are all preparatory to the final step: The TEAM meeting at which time reports will be made, information shared, issues discussed, and an individualized educational plan conceptualized and approved.

FORM 9b (which you have already completed) can serve as the summary of your written report to the TEAM. In completing this form, you have already made your recommendations for services and have provided the TEAM with a detailed rationale on which your recommendations are based. As each member of the TEAM will have a copy of this, there is no need for you to read it to them.
Rather, use your written report as the basic reference for a strong, concise, well-prepared oral presentation.

Your participation in the TEAM process only begins with the presentation of your report. Be an active listener as other participants (including the parents and possibly the child) share their information and perspectives with the group. It is most important that you be an active participant as the report-giving stage is completed and the TEAM begins to discuss issues and possible conflicts and works its way to conceptualizing the objectives and activities of the pupil's educational plan.

Remember, it is the TEAM which has the ultimate responsibility of developing and approving the educational plan. How well the TEAM functions as a group may well determine the relevance as well as the quality of the individual educatinal plan developed.

To help you review some of the dynamics of small group process, quotations from "AN OVERVIEW OF THE TEAM PROCESS"[1] provide the conclusion of this ASSESSMENT GUIDE.

AN OVERVIEW OF THE TEAM PROCESS

. . . For a TEAM approach to be effective as a means for developing IEP's for special needs students, several issues must be addressed by TEAM Members. These factors, while interrelated, can be discussed as separate entities: (1) information for decision-making; (2) the Teams as a group process; and (3) the Team structure - roles and level of participation. . .

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[1]Participant's Manual, THE INDIVIDUALIZED EDUCATIONAL PLAN - A DECISION-MAKING PROCESS, Massachusetts Department of Education, 1979, pp.4-23 of MODULE 4, "THE IEP: A TEAM APPROACH."

Information and the Decision-Making Process

. . . The nature of information can significantly affect the decision-making process. In establishing the needs of the student, the Team should examine carefully the types of information provided, the sources of such information, and its completeness. . .

Bias in terms of assessment data has far-reaching implications for the Team decision-making process. Participants may perceive information in terms of their own experiences without assessing the needs of the student. For example, if an evaluator uses only normative standardized data, s/he will be more likely to "see" only the data reported on these tests. Norm-referenced assessment is usually conducted outside the student's environment and is often divorced from the student's total life experiences. Unless the total environment of the student is assessed, information will be incomplete and biased. One solution to this problem is to collect data from multiple sources (home, school, peer groups, perceptions by student) and to use various means for this data collection (norm-referenced and criterion-referenced tests, rating scales, interviews, formal and informal observations, checklists, etc.). . .

Standardized instruments have been cited as unfair to minority group students because the reference groups upon which the tests were standardized are not similar to the background experiences and opportunities of minority students... If standardized instruments are used to assess students who have not been part of the reference group, examiners must evaluate the appropriateness and relevance of the data. . .

In examining information presented for Team decision-making, the Team must be informed of the procedures of assessment in which tests are administered, the examiner's sensitivity to culturally-related differences in the language of the student, the administration of the test in the student's own language . . . are types of information that should be considered by the Team. . .

If information is to be used by all members of the Team, it should be presented in a clear, concise format that follows some rationale. If technical terms must be used, the diagnostician or programmer should define these terms for the Team.

In summary, to ensure fairness in the decision-making process, the Team participants must consider the completeness of the information presented, the processes for gathering information, the content, the biases, and the format for presenting this information. Information that reflects the total life experiences of the student may insure that the students's needs will be met by the public or private educational facility.

Process and Group Dynamics

. . . Group dynamics refers to the "study of individuals interacting in small groups". The dynamics of a group is the description of the complex interactions that are interdependent and common to a particular setting or task. There are many reasons why individuals form groups; for example. . . (The Team), a group of people with various professional capabilities . . . meet to investigate a problem and propose solutions to possible implementers, e.g. the teacher and the parent. This Team engages in group problem solving to determine the needs of the special needs student and the possible programs for meeting those needs. The success

of this group problem-solving process may depend upon such factors as effective verbal and non-verbal communication among members, as well as the effectiveness of the session leader in establishing clear goals, facilitating conflict resolution, and summarizing the interactions of the group.

How a group communicates its information, perceptions, goals, needs, and desires, verbally and non-verbally, can affect the decision-making process. Also, how the Team Leader facilitates such communication may affect the success of the completion of tasks by the group.

When a Team is formed to discuss the needs of the student, one of the most important aspects is the clarification of goals . . . At the beginning of the meeting, the Team Leader with the input of every participant, can develop an agenda to guide the discussions among the participants. Goals for the meeting should be clear to all participants. The session leader may need to restate concerns in order to ascertain that all participants have a clearer understanding of the tasks and responsibilities of the group and of each individual. Also, the session leader can summarize the results of decisions made by the group and assume the responsibility for having the sessions's decisions concerning its duties and activities recorded by tape or by rotating Team recorders.

Some professionals may have difficulty in small group interactions because they do not recognize the difference between speaking to a group of individuals who are required to listen and a group of individuals who "are entitled to talk back whenever they choose." Diagnosticians who read their entire diagnostic report before the group rather than summarizing major concerns and directing their comments to specific individuals, are treating the Team Members as an audience rather than as partners in the decision-making process.

Verbal interaction that facilitates an interchange of ideas and concerns requires special attention by all Team Members, especially the Team Leader.

One of the most important aspects of verbal interaction is that of active listening. Active attention takes time and attention by all involved. . .

Non-verbal communication is important to the process of active listening. The active listener may indicate by his/her gestures that s/he is listening, e.g. by leaning forward, nodding his/her head, making eye contact, etc. Body cues can indicate subtle responses of individuals. Such gestures as looking down or away, rustling through papers, and watching one's watch can indicate to the speaker that the individual exhibiting such cues is not actively listening. . .

While a Team Leader may attempt to ensure that every participant has the opportunity to express his/her own feelings in a group meeting, each participant must ultimately assume the responsibility for his/her own behavior. An individual cannot blame others for his/her reluctance to participate and express his/her thoughts. . .

(There are) several basic rights of individuals to be considered by those who desire to be more assertive:

1. You have the right to disagree, negotiate, and/or compromise. . .
2. You have the right to change your mind. . .
3. You have the right to make mistakes and be responsible for them. . .
4. You have the right to say "I don't know". . .
5. You have the right to dislike others. (Professionals and parents don't necessarily have to like each other to work together. A professional offers equal services to all regardless of his/her preferences.)
6. You have the right to say "I don't understand." . .

Be persistent. . . Be willing to compromise. . . Cope with criticism by admitting some of your mistakes. . . We are all responsible for our own behavior. A team of individuals cannot blame others for their inability to express their opinions and to share important information. Each member must accept the responsibility for achieving maximum participation in the group's decision-making process. Verbal and no-verbal communication in group decision-making is an important component of the Team process. . .

Structures and Roles in the Group Process

Group decision-making can be affected by the structure of the group, i.e. the participants selected to be involved as Team Members may influence the input upon which the group bases its decisions. The boundaries of the interrelated systems represented at the meeting are defined by the individuals present. For example, if an administrator is at the meeting, a Team may have more access to information concerning LEA resources than a Team that does not have an administrative representative. . .

In the Team process for developing IEP's, the individual may play several roles. For example, s/he may be considered as a resource for information in the group. A diagnostician often plays this role in the development of IEP's; however, the classroom teacher, the parent, and the student can also play this role. . .

An individual may have the role of linker or linking agent within the Team. Such personnel as the special administrator, resource teacher, consultant teacher, or regular educational administrator, may often play this role. . .

The role of consumer may be played by several members of the evaluation Team. Typically, the parent, regular and special classroom teachers function in this role, i.e., they receive the diagnostician's opinions of the student's needs and the LEA representatives' opinions concerning the necessary services. The consumer responds by either "buying into proposed services", rejecting the services, and/or shopping around for better offers.". . .

Ideally, all participants in the Team should be able to play all three roles - resource, linker, and informed consumer. . .

Summary

. . . An examination of the components of the Team process (has been) presented. Such facts as the relationship of information, the group process, and the structure of the group decision-making process were discussed. In order for the Team approach to be an effective means of developing IEP's for special needs students, all these factors must be considered by the Team. . .

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PRE-REFERRAL FOR EDUCATIONAL ASSESSMENT:
STUDENT WITH SUSPECTED NEEDS IN THE AREA OF VISION

Referred by: _____ Position: _____ Date: _____

Address: _____ Phone: _____

Student's Name: _____ D.O.B.: _____

School/Placement: _____ Grade/Level: _____

Address: _____

School Contact: _____ Position: _____ Phone: _____

Parents/Guardians: _____

Address: _____

Phone (Home): _____ (Work): _____

Describe specifically what has led you to suspect a vision problem:

_____

_____

Describe other known or suspected areas of special need:

_____

_____

Describe attempts that have been made to meet suspected visual needs within current educational placement, amount of service given, and results:

_____

_____

_____

Is a current eye report from an Ophthalmololgist/Optometrist on file?
Yes ___ No ___

Ophthalmologist's/Optometrist's Name: _____

Address: _____ Phone: _____

Last Evaluation date: _____ Results/Recommendations:

_____

_____

Have the student's parents been made aware of your concern for visual functioning? Yes ___ No ___

(Over)

What specific questions do you wish answered as a result of a special education assessment in the area of vision?

_____

_____

_____

_____

List other significant persons who are involved with this student's program and are potential sources of information.

Name	Position	Agency	Phone
_____	_____	_____	_____
_____	_____	_____	_____

****

(This section to be filled out by the Vision Teacher/Consultant)

___ No further referral/follow-up is necessary. Specify reasons: _____

_____

____ A one-time consultation by a Vision Teacher/Consultant is needed.

____ Formal special education vision evaluation procedures should be initiated.

Person responsible for initiation: _____

Position: _____ Phone: _____

Projected date of action: _____

____ Follow-up in other disability area(s) is recommeded. Specific areas are:

_____

____ Other recommendations, including name and contact information for those recommended.

_____

Signature: _____ Date: _____

cc: Referring Person(s)

EYE REPORT FORM

Name of Student _____ D.O.B. _____

Address _____ School _____

Message for Eye Specialist:

The student named above has been referred for an educational evaluation/re-evaluation under the provisions of Chapter 766, the Massachusetts comprehensive education law. This has been approved by the student's parent/guardian. An examination by an eye specialist is one of the required assessments for all students with suspected special needs in the area of vision. Please note that no special education services in the area of vision may be provided for this student without this examination. The eye specialist is considered to be an Evaluation TEAM member, and as such your input is made through the attached report form. Your eye report information will be presented to the other members of the TEAM by a certified Vision Teacher/Consultant who has completed specialized educational assessments with regard to the student's suspected visual impairment in an educational setting.

Please return this report as soon as possible to the school contact person noted below. You may wish to call this contact person at the number noted below if you wish further clarification. Thank you for your cooperation in providing this important part of the student's special education evaluation information.

Note: This student's Chapter 766 TEAM evaluation meeting is scheduled for

_____

School Contact Person Requesting Eye Report Information

Name _____ Title _____

Address _____ Phone _____

_____

Date of Eye Report Request _____

(OVER FOR SPECIFIC TEACHER QUESTIONS AND CONCERNS)

QUESTIONS AND CONCERNS FROM SCHOOL CONTACT PERSON

EYE REPORT FORM

Name of Student/Patient _____ D.O.B. _____

Address _____ Sex _____

Please print or type:

Type of examination: Date of Examination _____
(check one)

- Routine Ophthalmological ___
- Routine Optometric ___
- Low Vision ___
- Other (Please specify) _____

Is this the first time you have examined this patient? Yes ___ No ___

I. HISTORY

A. Age of onset of visual impairment: Right Eye (OD) __ Left Eye (OS)__

B. Cause of visual impairment:

Pathology _____

Underlying etiology: _____

C. Implications:

Field defect	Yes ___	No ___
Impaired color perception	Yes ___	No ___
Special illumination needed	Yes ___	No ___

D. Has the patient's visual condition occurred in any blood relative(s)?__

If so, what is/are the relationship(s)? _____

E. Is the patient's vision considered to be: (check each appropriate)

Stable? ___ Deteriorating? ___ Capable of improvement? ___

Uncertain? ___ Other? (please specify) _____

F. What treatment, if any, is recommended? _____

_____

_____

_____

II. MEASUREMENTS

A. Visual Acuity:

1. Distant and Near Vision

a. Tests used:

Distant _____ Near _____

b. Results:

	Distant Vision		Near Vision	
	Without Correction	With Best Correction	Without Correction	With Best Correction
Right Eye (OD)	_____	_____	_____	_____
Left Eye (OS)	_____	_____	_____	_____
Both Eyes (OU)	_____	_____	_____	_____

2. If you were unable to test patient:

a. Specify why _____

_____

b. In your clinical opinion, what and how much does this patient see?

_____

_____

_____

c. Do you think you could test the patient if he/she were accompanied by a Vision Teacher/Consultant who could assist? Yes___ No___

B. Binocularity:

1. Is binocular vision present? _____

If not, please explain _____

_____

2. If the patient uses monocular vision, which eye is preferred at:

Distant? _____ Near point? _____

C. Motility:

1. Does this patient have normal motility? _____

2. If not, explain _____

D. Tonometry Readings: OD _____ OS _____

E. Color Perception:

1. Is color perception impaired? Yes ____ No ____

2. If so, explain _____

3. Test used _____

F. Field of Vision:

1. Was field of vision tested? Yes _____ No _____

If not, why not? _____

2. Type of test used: _____

3. If patient was tested using unconventional approach, please specify the following and/or describe the procedure:

Test object: _____ Size: _____ Color: _____

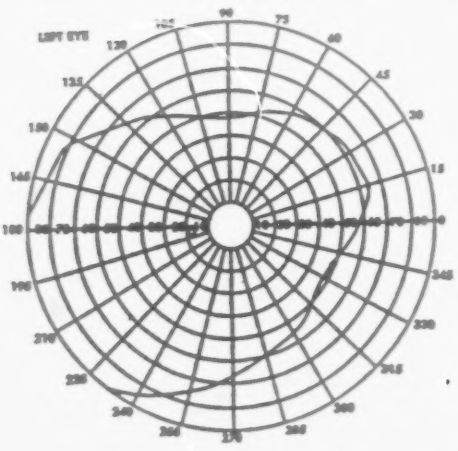
Procedure: _____

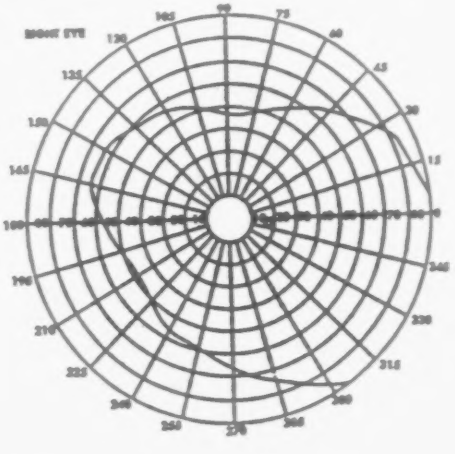
_____

4. Is there a field defect or limitation? Yes _____ No _____

If so, describe and record on chart:

OS _____ degrees OD _____ degrees





III. RECOMMENDATIONS

A. Glasses:

Not needed _____ Corrective _____ Protective _____

To be worn constantly ____ Close work only ____ Distant only ____

B. Prescription:

	Sph.	Cyl.	Axis
Right eye (OD)	_____	_____	_____
Left eye (OS)	_____	_____	_____

C. Physical activity in school: ____ Unrestricted ____ Restricted

If restricted, in what ways and why? _____

D. Is patient to be patched? ____ Yes ____ No Patch on: ____ OS ____ OD

If yes: When and for how long? _____

E. Specify any special lighting requirements _____

F. Is follow-up recommended? _____

Routine re-examination _____ Next visit (date) _____

Particular clinic or low vision specialist: _____

G. Please add any additional comments or information concerning patient:

_____

_____

* * * * * * * * * * * * * *

Examiner's name: _____ Title: _____

Address _____ Phone: _____

_____

Signature of Examiner: _____ Date of Examination: _____

PLEASE RETURN THIS REPORT TO THE SCHOOL CONTACT PERSON

NAME: _____ TITLE: _____

ADDRESS: _____

_____

PARENTAL RELEASE OF INFORMATION FORM

Date _____

Dear _____:

In order to obtain educational materials and services for your child _____, we need your permission to share medical and school records with the Massachusetts Department of Education as well as agencies such as those listed below.

To do this we need your signature on the below form. Thank you.

From: _____
Special Education Administrator or Designee

Permission is granted to obtain information from my child's eye doctor and educational records needed to register my child with the Department of Education as a child with special needs in regard to vision.

It is understood that this information will be forwarded to the Massachusetts Department of Education, Division of Special Education. The information is required by the Division in order to qualify for Federal or State funds which support Special Education Services for students with visual impairments.

It is also understood that this information is likely to be transmitted to the Massachusetts Commission for the Blind, the American Printing House for the Blind, Louisville, Kentucky, Recording for the Blind, New Jersey, and other agencies which provide either materials or services to students with visual impairments, but cannot do so without certification of a visual impairment.

Date _____ _____
Signature of Parent/Guardian

Return this form to: _____
_____
_____
_____

FORM 3. **MEMORANDUM OFFERING HELP TO OTHERS ON TEAM EVALUATING VISUALLY IMPAIRED STUDENT**

Suggestion: You may want to affix the school letterhead on the top part of this form.

Date _____

To: _____, _____

From: _____, Vision Teacher/Consultant

Subject: Assessments for _____

I want to introduce myself as the Vision Teacher/Consultant working on this student's TEAM. I will be assessing the student's functional vision and making my report at the TEAM meeting scheduled to start at _____ on _____ at the _____.

This student may need some modifications during your testing to obtain accurate results; for example, additional time and/or different response modality. Here are some specific observations and suggestions which might be of help to you:

_____

_____

_____

Here is my telephone contact schedule for the week starting_____.

Day of Week	Hours	School Phone Number
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

FORM 4. PARENT INTERVIEW GUIDE

A. GENERAL INFORMATION

1. Has the parent or guardian been contacted/interviewed by other school personnel? If so, by whom/which department?

2. Has a home visit been scheduled by other service provider? _____ If so, when was it or will it be?

3. Is your child registered with the Massachusetts Commission for the Blind? ____ Do you know the Commission Worker's name? _____ Phone # ? _____

4. What other vision-related support services do you receive or are you interested in receiving?

5. Has your child ever been referred for special education evaluation or been involved in special education services before? _____ If so, when? _____ For what reason?

What were the results?

6. Do you have written copies of the results (test results, I.E.P.)? _____ Have they been sent to the school to review? _____ Have you signed a release of information for the past records? _____

B. STUDENT'S GENERAL HEALTH

1. Are you aware of any chronic medical conditions or physical disabilities which may need to be considered in educational programming?

2. Is your child taking any medication? (If so, list with schedule of times taken.)

Are you aware of any effects the medication may have on your child's behavior or visual functioning?

Name of Student

D.O.B.	Age	Grade/Level

Type of Program	School

Name of Parent	Role/Position

Address

Phone

Interview Date	Interviewer

C. OCULAR HEALTH

1. What was the date of your child's most recent eye examination? _____ What is the name of the eye doctor?

Optometrist or Ophthalmologist?

2. What is your understanding of your child's visual condition?

3. Are there any vision-related medical conditions? If so, please list.

4. What are the implications of and prognosis for your child's visual condition?

5. How does your child use his/her vision at home?

6. What behavior or symptoms cause you to suspect your child has a vision problem?

7. Does your child have corrective lenses or ocular aids?

How long ago prescribed and obtained?

When or under what circumstances does he/she use them?

Does he/she use them: Independently?
Willingly? Appropriately?

8. Does your child have other specialized non-optical aids or equipment? (e.g., reading stand, special paper)

Describe:

When or under what circumstances does he/she use them ?

Does he/she use them: Independently?
Willingly? Appropriately?

9. Do you have any questions about your child's visual needs (e.g., diagnosis, treatment, etc.)

D. EDUCATIONAL

1. Briefly describe your child's educational history including any past special education placements.

2. What activities and/or subjects does your child like best at home?

In school?

3. What activities or subjects does your child like least at home?

In school?

4. With what activities, subjects, or classes does your child seem to have the greatest difficulty at home?

At school?

5. How do you think your child feels about school?

6. How do you feel he/she is doing in school?

What makes you feel this way?

7. What are your child's goals/ambitions for the future?

Do you feel they are realistic?
Why or why not?

E. SOCIAL/EMOTIONAL

1. How would you describe your child's general level of maturity?

   His/her independence?

   His/her attitude towards self and others?

2. Does your child have playmates/friends outside of the family? _____ Sighted? _____
   Visually impaired? _____ Same age? _____
   Younger? _____ Older? _____ Disabled? _____
   Nondisabled? _____

3. How would you describe your son's/daugter's relationship with his/her siblings?

4. How do your other children and extended family members feel about your child's visual impairment?

5. In what kinds of play activities does your child engage? (e.g. cooperative vs independent, creative vs repetitive, parallel vs interactive)

   What specific toys/activities does your child prefer?

6. Does your child ride a bike? _____ Watch TV? ____
   Go to movies? _____ Participate in sports? (Which sports?)
   Does he/she read when at home?
   What does he/she read?
   Does he/she draw or color?
   Please describe other recreational activities, if any:

7. How does your child manage self-care activities? (e.g., eating, dressing, grooming, toileting, selecting clothing) With or without assistance?

8. Does he/she have household jobs or responsibilities? If so, what?

   Does he/she do them with or without assistance?

9. Does he/she travel independently within the home? _____ Yard? _____ Neighborhood? _____
   Community? _____ (If restricted, specify and explain.)

10. How do you think your child feels about his/her visual difficulties? (e.g., general attitude/acceptance, level of maturity)

F. CURRENT SERVICES

1. What is the Vision Teacher/Consultant currently working on with your child?

   Why?

2. How appropriate do you feel the current goals and objectives are for your child?

3. What goals would you like your child to meet this year?

In a few years?

4. How can the Vision Teacher/Consultant help your child meet these goals?

G. OTHER

1. What kinds of services do you feel are necessary or appropriate at this time? For your child?

For yourself?

2. What do you expect from the results of this evaluation procedure?
For your child?

For yourself?

3. Do you have any other needs or concerns that you would like to have addressed?

NOTES

I. GENERAL

Name of Student

D.O.B. | CA | Class

Grade/Level | Type of Program

Name of Teacher | Class

School | Type of Program

1. How does this student communicate? (e.g. verbally, signing, unable to communicate, unwilling to communicate?)

2. Does he have other problems, special education related or other, which affect performance?

3. What is he/she currently working on in school?

4. Does he/she work well:
   a) With the whole class?
   b) In small groups?
   c) In one-to-one settings?
   d) Independently?

5. Does he/she complete his work? _____ At all times? _____ Within standard time limits? (e.g. tests, overnight assignments, reports)

6. Where does he/she rank within your class?

7. Is he/she working on grade level or to expected level as outlined in his IEP?

8. What types of general difficulties has he/she demonstrated in school?

9. Are there any specific tasks/activities which he/she is presently unable to do in your class?

10. What tasks or activities (subjects) are easy for him/her?

11. What tasks or activities (subjects) are difficult for him/her?

12. What does he/she like best (e.g. tasks, activities games, foods)?

13. What are the most effective and least effective reinforcers when working with this student?

II. VISUAL BEHAVIOR

1. What types of visual behaviors (if any) has this student demonstrated which led you to believe there was a vision problem?

2. Are there times in the day when these behaviors are more pronounced than at other times?

3. Is there any activity consistently occurring at these times?

4. What are the lighting conditions in areas where this student has greater difficulty working?

5. Are they different from the conditions in areas where he/she has less difficulty?

6. Where does he/she sit in the classroom? (in relation to the chalkboard, the windows, room lighting)

7. Does the student use eyeglasses or a vision aid for reading? To read the chalkboard, etc.?

8. Can he/she sustain close work activities for long periods? (Including scanning pages for specific information, searching for objects dropped, reading, writing, and artistic activities).

9. Does he/she work in short bursts, resting or daydreaming between bursts of activities?

10. Can he/she sustain distance viewing tasks for long periods?
Does he/she look, then look away or close his/her eyes?

11. When looking from near to far or from far to near as part of an activity does he/she pause or close his/her eyes before continuing the activity?

12. Does he/she miss seeing objects that are close to him/her?

13. Is there a difference or change in his/her ability to see or his/her visual behavior when print size is changed? (E.g. ability to read, squinting, headaches, ability to finish tasks,and accuracy).

14. Is there a difference or change in his/her ability to see or his/her visual behavior when the background on which work is placed is changed? (E.g. dark desk with light paper on it, white print on dark paper vs black print on yellow paper).

III. SOCIAL/EMOTIONAL

1. Does this student interact and/or play with peers?

2. How does he/she react/respond to other children/students?

3. Is he/she accepted by his/she peers?

4. Is he/she viewed as visually impaired by his/her peers?

5. Does he/she view himself/himself as visually impaired? Does he publicly acknowledge his visual impairment?

6. Does he/she try to do tasks himself/herself or is he/she dependent upon others?

7. Does he/she ask for assistance when needed?

8. How would you describe his/her maturity in comcomparison to that of his/her peers?

9. Describe his/her strengths.

10. Describe his/her weaknesses.

IV. ORIENTATION AND MOBILITY

1. Describe how this student travels:
   a) Creeping, crawling, walking?
   b) Independently or with another person's help?

2. Does he/she use any specialized equipment to travel? (E.g. a cane, walker, wheelchair) Does he/she use it willingly? Does he/she use it appropriately?

3. Is he/she able and willing to travel independently:
   a) In the classroom?
   b) In the halls?
   c) In the gym or cafeteria?
   d) To and from the toilet?
   e) On stairs?
   f) In the school yard/out of doors?
   g) To and from school?
   h) At home?
   i) In open spaces in general?
   j) In crowded situations?
   k) Other?

4. Does he/she ever become lost or disoriented? If yes, where and when?

5. Does he/she bump into or trip over objects:
   a) Above eye level?
   b) At eye level?
   c) Below eye level?
   d) On the floor?
   e) Only to one side? (specify_____)
   f) Directly in front of him/her?
   g) On surfaces of different heights?
   H) Other?

6. Can he/she follow simple one-step (through five-step) directions without getting lost or disoriented? (Specify upper limit of directions.)

7. Does he/she have difficulty travelling in line with the class? Please describe.

8. Is he/she able to obtain his/her own lunch in the cafeteria?

9. Does he/she move safely and with caution when travelling independently? When travelling with others?

10. Do you need to give him/her more supervision when on field trips or travelling as a group?

11. Do you need to give him/her more supervision when he/she is travelling independently within the classrom or school?

12. Does he/she play in the school yard or gym with the rest of the group? If so, does he/she do it safely?

13. Does he/she participate in class recreational activities? If not, why not?

14. Do you or others have concerns about his/her safety?

V. SPECIFIC ITEMS

The following are activities/tasks with which a student with a visual impairment may experience difficulty. Please indicate which are applicable to this student. Others may be added as needed.

1. NON-PAPER AND PENCIL TASKS
   a) fixing gaze on a sound source
   b) locating a stationary object
   c) alternating gaze between stationary objects
   d) following a moving object (tracking)
   e) following and pointing to a moving object
   f) locating and grasping a previously sighted object
   g) locating and grasping (pointing to) an object from a group of dissimilar objects
   h) locating and grasping (pointing to) an object from a group of similar objects
   i) scanning at near point (chalkboard)
   j) scanning at far point (chalkboard)
   k) identifying objects (verbally or by pointing, etc.)
   l) naming objects
   m) nesting objects
   o) building 3-dimensional objects (towers, etc.)
   p) removing pegs
   q) inserting pegs
   r) inserting pegs in a straight line
   s) replicating a simple design (pegs or parquetry blocks)
   t) completing non-interlocking puzzles
   u) completing interlocking puzzles
   v) cutting accurately
   w) (after looking away) recognizing when an item has been removed or relocated from an array of similar objects

2. READING READINESS SKILLS
   a) identifying pictures and shapes
   b) discriminating among pictures and shapes
   c) interpreting solid pictures (color and shaded)
   d) interpreting line drawings
   e) sequencing pictures to tell a story
   f) identifying letters & numerals
   g) discriminating among letters which have similar configurations or which are rotational forms of one another
   h) connecting dot-to-dot pictures
   i) completing puzzles (paper & pencil)
   j) coloring activities

3. READING SKILLS
   a) reading print in textbook
   b) reading handwritten work (printed)
   c) reading print on chalkboard from seat
   d) reading cursive writing
   e) reading worksheets (spirit masters)
   f) locating specific information on page
   g) relocating place on printed page
   h) reading orally without omissions or additions
   i) reading silently for specific information

4. WRITING SKILLS
   a) copying work on chalkboard from seat
   b) copying from a source at near point
   c) completing worksheets
   d) writing legibly
   e) writing on line
   f) writing with correct spacing and format
   g) using correct punctuation and capitalization
   h) writing without omissions or additions
   i) taking notes from verbal dictation

5. MATHEMATICS/COMPUTATION SKILLS
   a) completing simple computation
   b) lining up numerals in computation examples
   c) completing higher order mathematics problems
   d) interpreting charts and graphs books
   e) reading maps in books
   f) reading large maps

6. USE OF MEDIA
   a) watching movies:
      -following the action
      -recognizing changes in time and location
      -watching for specific information
      -watching meaningfully (understanding concepts, drawing, conclusions and inferences)
   b) watching slides
   c) reading captions on film stripes

d) reading/interpreting "overhead" projection slides
e) watching television
f) reading a CRT (computer terminal)
g) playing educational video games

The following are other skill areas important to consider when evaluating the function of a student with visual problems.

7. TACTUAL
Does this student:
a) Mouth objects
b) Examine objects tactually?
c) Examine objects with one or both hands?
d) Examine objects independently or with cues?
e) Differentiate between textures?
f) Prefer/dislike certain textures?
g) Show hand preference?
h) Search for lost objects?

8. AUDITORY
Does this student:
a) Respond consistently to sound?
b) Localize sound?
c) Screen out background noises?
d) Follow one/two/three step directions?
e) Follow directions in one-to-one instruction?
f) Follow directions in group instruction?
g) Respond to tests given orally?
h) Use recorded materials?

9. SELF-HELP SKILLS (Please specify)

10. PREVOCATIONAL/VOCATIONAL (Please specify)

VI. SUPPORT SERVICES/CLASSROOM ENVIRONMENT

1. Do you feel this student is appropriate in your class?

2. What therapies/support services is he/she presently receiving?

3. Is he/she presently using any special adapted equipment? (E.g. CCTV, Optacon, typewriter).

4. Does he/she presently have any books in media other than standard print? (e.g. large print, braille, recorded)

5. What kind of services do you feel would help you better integrate him/her into your class?

6. Ideally, what type of services from a vision service provider do you feel would help him/her?

7. What would be the best setting and time for these services?

8. What would be a good time to observe/assess this student? (Obtain copy of schedule.)

9. Do you have any specific questions related to this student?

1. Do you know why I'm here today?
Do you know what I do? (What kind of teacher I am?)
Explain and reassure student.

Name of Student		Prototype
D.O.B.	Age	Grade/Level
Type of Program		School
Interview Date		Interviewer

2. Do you have special difficulties seeing/using your eyes?
Have student specify: a) All the time? b)At certain times of the day? c) Only in school? d) During specific subjects? e) Indoors only (or more frequently)? f) Outdoors only (or more frequently)? g) Going from light to dark? h) From dark to light? i) Other?

If student says "No", explain that his teachers think he may have some difficulty and have asked you to see him to help find ways to make it easier for him to complete his schoolwork.

3. Do your eyes ever hurt?
When?

Do your eyes ever feel tired?
When?

4. What kinds of tasks and activities do you like to do (e.g., read, write, play ball, play video games, run, stack blocks or build things, draw, complete puzzles)?

Which ones do you think you do well?

Get clarification on the complexity of the activity. (This may be obtained from the teacher or parent.)

5. What activities and tasks are easy for you to do? Include school tasks.

Which ones are difficult?

6. What is your favorite subject?
Why?

What is your least favorite subject?
Why?

7. Do you read when you are at home (not school books)? If no, why not? If yes, what do you read?

8. Do you have any hobbies? (e.g. sports, crafts, music, etc.)

If student answers "No", you may get clarification by asking what he/she usually does after school and on weekends.

9. Do you ever have difficulties with your eyes when you watch TV? Play video games or use a computer? Watch sports events? Go to the movies?
Get clarification of the type of difficulty (e.g., headaches, blurriness, etc.) Find out when, under what circumstances, how consistently this occurs, and what makes it stop.

10. (Near vision)
Is it difficult for you to see detail in
a) Pictures b)Maps c)Graphs?
d)See punctuation marks or mathematical signs of operation?
e)Read purple dittos?

11. Are any colors easier for you to see than others?

12. (Distant vision)
    a) Is it difficult for you to copy from the board?
    b) Tell time from the clock on the wall?
    c) Read a wall calendar?
    d) See the board?
    e) Watch movies or filmstrips?

13. Is it easier for you to do your schoolwork:
    a) Seated next to a window?
    b) With a desk lamp?
    c) With an overhead light?
    d) On sunny days?
    e) On a cloudy day?

14. Are you comfortable travelling in your school?
    a) Walking in hallways?
    b) Changing classes?
    c) Going through the cafeteria line?
    d) In physical education class?

15. Are you comfortable travelling outdoors?
    a) Do you come to school alone? (walk to the bus?)
    b) Are you able to cross the street by yourself?
    c) Can you read street signs, bus signs and house numbers without getting very close to them? Get clarification on distances.
    d) Are you comfortable outside on the playground? (sunny vs. cloudy days)
    e) Do you ride a bike? Play or watch sports?

16. Do you have any visual aid(s) (glasses, telescope, magnifier, etc.)? What do you have? Where is it (are they) now? Do you use it (them)? Why or why not? When and where do you use it (them) (e.g., in school and/or home)?

17. What other adaptations have you found helpful to use? (e.g. reading stand, dark lined paper, black and white copies, black felt tipped pen, lighting, preferential seating, large print, etc.)

Additional questions prepared by the Vision Teacher/ Consultant

18.

19.

20.

21.

NOTES

FORM 7. INDEX OF ASSESSMENT INSTRUMENTS

In the tables below and on the next page, a rather extensive list of assessment instruments are grouped into three categories: **PRESCHOOL AND/OR YOUNG MULTIHANDICAPPED, SCHOOL AGE, AND ADOLESCENT MULTIHANDICAPPED.** This grouping should serve only as a guideline in choosing the most appropriate assessment instrument(s) for a particular child. In general, . . .

- The **PRESCHOOL AND/OR YOUNG MULTIHANDICAPPED** assessment instruments are appropriate for young visually impaired children, both those functioning at or near age level and those with significant additional handicaps or delays.
- The **SCHOOL AGE** category is most appropriate for students functioning at the normal academic level, kindergarten through high school.
- The instruments included for **ADOLESCENT MULTIHANDICAPPED** focus largely on activities of daily living and pre-vocational skills. These are more appropriate for older visually impaired/multihandicapped students than are preschool developmental assessments.

Instructions

1. Use the table below or on the next page which best fits the pupil being evaluated.
2. Decide the areas you want to assess.
3. Using the numbers in the righthand column, go to the alphabetical list which follows for important details about specific assessment instruments.
4. Record choices in form to the right.
5. Secure and administer the assessment instrument(s).

NAME OF STUDENT:	
NUMBER	TITLE OF INSTRUMENT
TO BE ADMINISTERED BY:	
NUMBER	TITLE OF INSTRUMENT
TO BE ADMINISTERED BY:	
NUMBER	TITLE OF INSTRUMENT
TO BE ADMINISTERED BY:	

(USE ADDITIONAL SHEET OF PAPER TO LIST OTHER INSTRUMENTS)

For **PRESCHOOL AND YOUNG MULTIHANDICAPPED PUPILS**

If you want to assess for. . .	The following assessment instruments will be useful:
A. ACHIEVEMENT	
B. CAREER EDUCATION	
C. COMMUNICATION	3 6 7 8 10 11 18 25 26 31 39 40 44 45 48 50 53 60
D. CONCEPT/COGNITIVE	5 6 7 11 13 18 25 26 27 30 31 39 45 48 50 53
E. LEARNING STYLE	6 11 26 28 50 54 60
F. ORIENTATION/MOBILITY/ MOTOR	5 7 11 18 22 25 26 27 29 31 32 33 34 36 37 38 53
G. SELF HELP	7 11 18 25 31 53
H. SOCIAL/EMOTIONAL	11 18 25 31 53
I. VISION	11 14 15 16 23 24 25 28 31 42 43 44 49 52 55 56

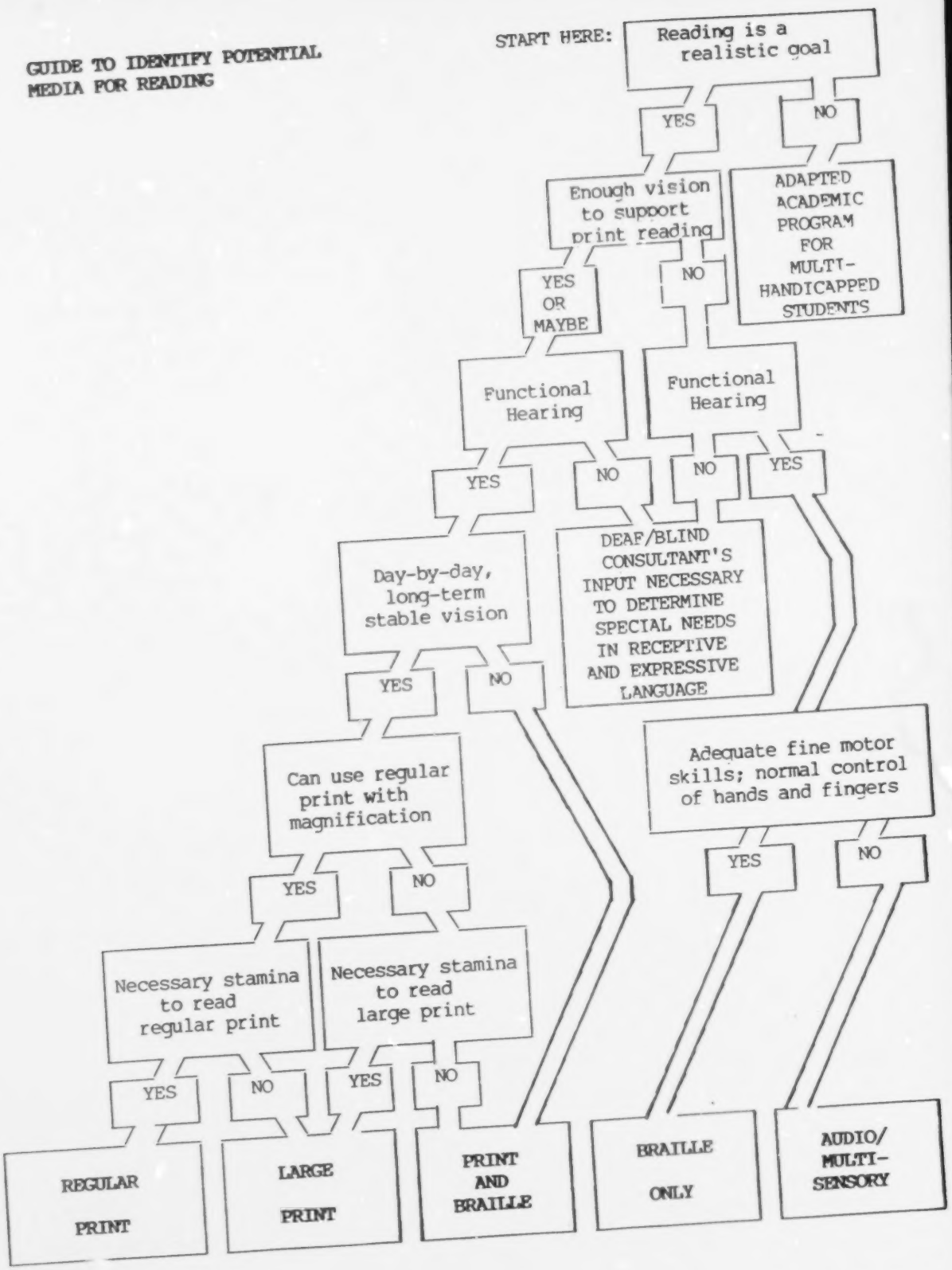
For **SCHOOL AGE PUPILS** (functioning at or near grade level)

If you want to assess for . . .	The following assessment instruments will be useful:
A. ACHIEVEMENT	8 9 17 35 61
B. CAREER EDUCATION	2 57 62
C. COMMUNICATION	6 21 39 48 50 53 54 58 59 60
D. CONCEPT/COGNITIVE	4 6 8 9 19 21 39 48 50 58 59 61
E. LEARNING STYLE	21 28 46 47 54 58 59 60
F. ORIENTATION/ MOBILITY	5 19 33 38 51 53
G. SELF HELP	51 53
H. SOCIAL/EMOTIONAL	53 62
I. VISION	6 14 21 28 35 38 42 43 48 51 52 54 55 56 58 59

For **ADOLESCENT MULTIHANDICAPPED PUPILS**

If you want to assess for . . .	The following assessment instruments will be useful:
A. ACHIEVEMENT	17 35 61
B. CAREER EDUCATION	2 41 57 62
C. COMMUNICATION	3 11 25 40 41 53
D. CONCEPT/COGNITIVE	11 25
E. LEARNING STYLE	41
F. ORIENTATION/ MOBILITY	11 25 33 38 53
G. SELF HELP	1 2 11 12 20 25 41 53
H. SOCIAL/EMOTIONAL	1 2 11 25 41 53 62
I. VISION	11 15 16 23 24 25 28 38 43 52 56

FORM 8. GUIDE TO IDENTIFY POTENTIAL MEDIA FOR READING



FORM 9a VISION TEACHER/CONSULTANT'S RECOMMENDATIONS FOR SERVICES	NAME OF STUDENT	IEP NUMBER
NAME OF VISION TEACHER/CONSULTANT	DATE OF TEAM MEETING	PLACE OF TEAM MEETING

NATURE OF VISION LOSS (AND OTHER HANDICAPPING CONDITIONS)

IMPLICATIONS FOR EDUCATION OF STUDENT - EDUCATIONAL NEEDS

RECOMMENDATIONS FOR SERVICES	HOURS FOR ABOVE PERIOD		
	PER WEEK	PER MONTH	FOR YEAR
DIRECT TEACHING			
CONSULTATION with classroom teacher(s) (and specialists as needed)			
ORIENTATION AND MOBILITY TRAINING to be provided by_____ *			
PREPARATION OF SPECIALIZED LEARNING MTLS provided by_____			
HOME VISITATIONS and/or PARENT CONSULTATIONS			
Additional ASSESSMENTS/EVALUATIONS to be done by_____			
Estimated Total Hours			

SUPPORT SERVICES TO BE CONSIDERED BY THE TEAM

EQUIPMENT NEEDS

SHOULD STUDENT PARTICIPATE IN STATE-MANDATED TESTING? ____ YES ___ NO

SIGNATURE OF VISION TEACHER	DATE

* ☐ See assessment of orientation and mobility needs.

FORM 9b. SUMMARY OF ASSESSMENTS ADMINISTERED BY OR ADMINISTERED UNDER THE DIRECTION OF THE VISION TEACHER

NAME OF STUDENT

NAME OF ASSESSMENT INSTRUMENT	ADMINISTERED BY	DATE

SUMMARY OF FINDINGS OR RESULTS

NAME OF ASSESSMENT INSTRUMENT(S)	ADMINISTERED BY	DATE

SUMMARY OF FINDINGS OR RESULTS

FORM 10. **MEMORANDUM TO TEAM CHAIRPERSON AND ADMINISTRATOR OF SPECIAL EDUCATION**

Suggestion: You may want to affix the school letterhead on the top part of this form.

Date_____

To: _____, TEAM Chairperson

_____, Administrator of Special Education

From: _____, Teacher/Consultant for Visually Impaired Students

Subject: Request for meeting with you to review findings and results of assessments and interviews and my recommendations for placement and vision services. . .

for_____ whose TEAM meeting is

scheduled for_____ on _____

in Room _____ at _____.

Prior to this pupil's TEAM meeting, I would like to share with you:

- A summary of findings and results of assessment instruments administered and interviews conducted.
- My recommendations for placement and vision services.

Our meeting together will give you an opportunity to become aware in some detail of the nature of this pupil's visual deficits and concomitant problems as well as needs for services.

I will be contacting you to set a mutually agreeable time for us to meet.